

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

Date qualified as committee

Amendment

List I.D. number:

787-99-5

Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number:

Date of Termination

RECEIVED

Date Stamp

2015 SEP 30 AM 10:22

OFFICE OF
THE CITY CLERK
CITY OF NEWPORT BEACH

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Newport Beach Police Association
Legislative Action Committee

STREET ADDRESS (NO P.O. BOX)

870 Santa Barbara Dr.

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---------------|-------|----------|-----------------|
| Newport Beach | Ca | 92660 | (949)644-3730 |

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Orange

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Damon Psaros

STREET ADDRESS (NO P.O. BOX)

870 Santa Barbara Dr.

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---------------|-------|----------|-----------------|
| Newport Beach | Ca | 92660 | (949)644-3730 |

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
|------|-------|----------|-----------------|

NAME OF PRINCIPAL OFFICER(S)

Rachel Johnson (P), William Depweg (VP), Randy Querry (Sec)

STREET ADDRESS (NO P.O. BOX)

870 Santa Barbara Dr.

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CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/30/2015
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT