Statement of Organization Recipient Committee				Date Stamp CALIFORNIA 110		
Statement Type		In			FORM	
Otatement Type	☐ Initial ☐ Not yet qualified	☐ Amendment	Termination – See Part 5	20.		or Official Use Only
	or			201	8 MOA 30	AN 10: 59
	O Date qualification threshold met	Date qualification threshold met			OFFICE	00
	/	/	11 / 30 / 18		THE CITY O	OF SEDIA
1. Committee In	nformation I.D. Numb		2. Treasurer and Ot	her Principal Officers	Y OF NEWPO	AT BEACH
NAME OF COMMITTEE	rt Peach City Council 2016		NAME OF TREASURER	`		
Petros for Newport Beach City Council 2016			Kristen Petros			dre out
			STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.C	D. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
			Newport Beach	CA	92663	9495530666
CITY	STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF A	NY		
Newport Beach	CA 92	9495530666				
FULL MAILING ADDRESS	(IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUI	RED) / FAX (OPTIONAL)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
na						
COUNTY OF DOMICILE	Newport Beach		NAME OF PRINCIPAL OFFICER(S)			
Orange	INEWPOIL BEACH	, OA	STREET ADDRESS (NO P.O. BOX)			
Attach additional	information on appropriately lab	peled continuation sheets.	CITY	STATE	ZIP CODE	AREA CODE/PHONE
3. Verification	And the second s					
	easonable diligence in preparing	this statement and to the bes	st of my knowledge the information	n contained herein is true	and complet	e. I certify under
	ry under the laws of the State of				·	,
Executed on 11	/30/18 By_					
ii	I CAN I DATE		TREASURER OR ASSISTANT TREASURER			
Executed on	DATE By	ATTIPE & CONT	TROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEAS	THE PROPONENT		
Executed on	Bv	Vanione of Colvi	INDILLING OFFICEROLDER, CANDIDATE, OR STATE MEAS	SOME FROCOINEM!		
Executed off	DATE BY	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEAS	SURE PROPONENT		
Executed on	Ву					
	DATE	SIGNATURE OF CON'	TROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEAS	SURE PROPONENT		

FPPC Form 410 (August/2018)
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