1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
1319106

NAME OF FILER
Newport Beach Police Employees Association Political Action Committee

STREET ADDRESS (NO P.O. BOX)
1415 L St Ste 410

CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento CA 95814 (916)556-1776

OPTIONAL: FAX/E-MAIL ADDRESS
(916)556-1233

Treasurer (If recipient committee)

NAME OF TREASURER
Wayne Ordos

MAILING ADDRESS
1415 L St Ste 410

CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento CA 95814 (916)556-1776

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE
Mike Toerge

OFFICE Sought or Held
City Council Member

NAME OF BALLOT MEASURE

BALLOT NO./LETTER JURISDICTION

X Newport Beach

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

Please see attached pages
Supplemental Independent Expenditure Report

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Newport Beach Police Employees Association Political Action Committee

4. Summary
1. Total independent expenditures made of $100 or more this period. (Part 3) ................................................................. $ 6889.79
2. Total independent expenditures under $100 made this period. (Not itemized.) ................................................................. $ 0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.) ....................................................................................... TOTAL $ 6889.79

5. Filing Officers Enter the official title and address of each filing officer with whom most recent campaign statements have been filed. Please see attached pages

6. Verification
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 10/21/2014 DATE

By ___________________________ Wayne Ordos
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on DATE

By ___________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on DATE

By ___________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

Executed on DATE

By ___________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT
**5. Filing Officers** Enter the official title and address of each filing officer with whom most recent campaign statements have been filed.

<table>
<thead>
<tr>
<th>1) NAME OF FILING OFFICER</th>
<th>Newport Beach City Clerk</th>
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</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>(NO. AND STREET)</td>
</tr>
<tr>
<td>PO Box 1768</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>Newport Beach</td>
<td>CA</td>
</tr>
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<td></td>
<td>ZIP CODE</td>
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### 3. Independent Expenditures Made

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<th>DATE</th>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>DESCRIPTION OF EXPENDITURE</th>
<th>AMOUNT</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)</th>
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