### Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

**Amendment No**

Report No 170-20141018

**Report covers period**

from 10/01/2014
through 10/18/2014

**Date Stamp**

RECEIVED 11/04/2014

**Treasurer**

NAME OF TREASURER
Wayne Ordos
MAILING ADDRESS
1415 L St Ste 410

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

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

### 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
Sacramento
**STATE** CA
**ZIP CODE** 95814
**AREA CODE/PHONE** (916)556-1233

### 2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE
Kevin Muldoon

OFFICE SOUGHT OR HELD
City Council Member

NAME OF BALLOT MEASURE

BALLOT NO./LETTER
JURISDICTION
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) ................................................................. $ 6,889.78
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 $ 6,889.78

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 OFFICER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR

Executed on DATE
By
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROponent

Executed on DATE
By
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROponent

FPPC Form 465 (12/99)
For Technical Assistance: 818/322-5660
State of California
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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<tbody>
<tr>
<td>ADDRESS</td>
<td>(NO. AND STREET)</td>
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<tr>
<td>PO Box 1768</td>
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</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>Newport Beach</td>
<td>CA</td>
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<tr>
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<td>ZIP CODE</td>
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<td>92658</td>
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### 3. Independent Expenditures Made

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<tr>
<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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<td>10/06/2014</td>
<td>PJM Creative 5022 Hackomiller Rd</td>
<td>Mailer</td>
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