Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)
SEE INSTRUCTIONS ON REVERSE

Amendment No ____________________________
Report No 172-20141018

□ Amendment (Explain Below)

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)565-1233

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
Diane Dixon
OFFICE SOUGHT OR HELD
City Council Member
NAME OF BALLOT MEASURE
X
BALLOT NO./LETTER JURISDICTION

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

Please see attached pages

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commission
Supplemental Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

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) .......................................................... $ 6889.78
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: $ 6889.78

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 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

FPPC Form 465 (12/99)
For Technical Assistance: 916/322-5660
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>ADDRESS</th>
<th>(NO. AND STREET)</th>
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<tbody>
<tr>
<td>Newport Beach City Clerk</td>
<td>PO Box 1768</td>
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<tr>
<td></td>
<td>CITY</td>
<td>STATE ZIP CODE</td>
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<tr>
<td></td>
<td>Newport Beach</td>
<td>CA 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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