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)556-1776

Treasurer (if recipient committee)

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

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE
Duffy Duffield

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) ................................................................. $ 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

Executed on
DATE

Executed on
DATE

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

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT
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<th>DESCRIPTION OF EXPENDITURE</th>
<th>AMOUNT</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)</th>
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