Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Amendment
☐ Termination – See Part 5

Date qualified as committee

Date qualified as committee

Date of Termination

1. Committee Information
NAME OF COMMITTEE
Newport Beach Police Association
Legislative Action Committee

STREET ADDRESS (NO P.O. BOX)
870 Santa Barbara Dr.

CITY
Newport Beach

STATE
Ca

ZIP CODE
92660

AREA CODE/PHONE
(949)644-3730

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE
Orange

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Damon Psaros

STREET ADDRESS (NO P.O. BOX)
870 Santa Barbara Dr.

CITY
Newport Beach

STATE
Ca

ZIP CODE
92660

AREA CODE/PHONE
(949)644-3730

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY
Newport Beach

STATE
Ca

ZIP CODE
92660

AREA CODE/PHONE
(949)644-3730

NAME OF PRINCIPAL OFFICER(S)
Rachel Johnson (P), William Depweg (VP), Randy Query (Sec)

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870 Santa Barbara Dr.

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3. Verification
I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 09/30/2015

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (April 2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)