Statement of Organization
Recipient Committee

Statement Type ☐ Initial
Not yet qualified ☑ or

☒ Amendment
List I.D. number:
# 1319106

☐ Termination – See Part 5
List I.D. number:
# __________________________

Date qualified as committee ______________________
Date qualified as committee (if applicable) _________
Date of Termination ______________________

1. Committee Information

NAME OF COMMITTEE
Newport Beach Police Employees Association Political Action
STREET ADDRESS (NO P.O. BOX)
1121 L Street Suite 200
CITY Sacramento
STATE CA
ZIP CODE 95814
AREA CODE/PHONE (916)556-1776

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
(916)556-1233 / ordoslaw@jps.net

COUNTY OF DOMICILE Sacramento
JURISDICTION WHERE COMMITTEE IS ACTIVE City of Newport Beach

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Wayne Ordos
STREET Address (NO P.O. BOX)
1121 L Street, Suite 200
CITY Sacramento
STATE CA
ZIP CODE 95814
AREA CODE/PHONE (916)556-1776

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY
STATE
ZIP CODE
AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Vlad Anderson
STREET ADDRESS (NO P.O. BOX)
870 Santa Barbara Dr
CITY Newport Beach
STATE CA
ZIP CODE 92660
AREA CODE/PHONE (916)556-1776

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 7/25/2016
DATE

By ____________________________
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on __________________
DATE

By ____________________________
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on __________________
DATE

By ____________________________
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on __________________
DATE

By ____________________________
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Attach additional information on appropriately labeled continuation sheets.

www.netfile.com

FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## 2a. Additional Officers

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<tr>
<th>NAME OF OTHER PRINCIPAL OFFICER(S)</th>
<th>MAILING ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
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<tbody>
<tr>
<td>Wayne Ordoz</td>
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<td>1121 L Street Suite 200</td>
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<tr>
<td>Sacramento</td>
<td>CA</td>
<td>95814</td>
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Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Newport Beach Police Employees Association Political Action

CALIFORNIA FORM 410
Page 3 of 4

I.D. NUMBER
1319106

- All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Fargo</td>
<td>(916)646-2100</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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</thead>
<tbody>
<tr>
<td>400 Capitol Mall</td>
<td>Sacramento</td>
<td>CA</td>
<td>95814</td>
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</tbody>
</table>

4. Type of Committee Complete the applicable sections.

**Controlled Committee**
- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
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**Primarily Formed Committee** Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
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<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
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<td></td>
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<td></td>
<td>SUPPORT</td>
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Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE
COMMITTEE NAME
Newport Beach Police Employees Association Political Action

4. Type of Committee (Continued)

**General Purpose Committee** Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee  ☐ COUNTY Committee  ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Support and oppose candidates

**Sponsored Committee** List additional sponsors on an attachment.

NAME OF SPONSOR

Newport Beach Police Employees Association

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Police Officers

STREET ADDRESS  NO. AND STREET  CITY  STATE  ZIP CODE

870 Santa Barbara Dr  Newport Beach  CA  92660

**Small Contributor Committee** ☐ ______/____/____

Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

-- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

-- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.