Statement of Organization
Recipient Committee

Statement Type: X Initial
Not yet qualified: No or
Date qualified as committee:

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

STREET ADDRESS (NO P.O. BOX)
1415 L Street, Suite 410
CITY: Sacramento
STATE: CA
ZIP CODE: 95814
AREA CODE: 916

MAILING ADDRESS (IF DIFFERENT)
OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE
Sacramento, CA 95814
COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Orange

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Wayne Ordos

STREET ADDRESS
1415 L Street, Suite 410
CITY: Sacramento
STATE: CA
ZIP CODE: 95814
AREA CODE: 916-556-1776

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS
CITY: Sacramento
STATE: CA
ZIP CODE: 95814
AREA CODE: 916-556-1776

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE
Bill Beverly - Chairman

MAILING ADDRESS
1415 L Street, Suite 410
CITY: Sacramento
STATE: CA
ZIP CODE: 95814
AREA CODE: 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 7/11/09

By

Signature of Treasurer or Assistant Treasurer

Executed on

By

Signature of Controlling Officer/Holder, Candidate or State Measure Proponent

Executed on

By

Signature of Controlling Officer/Holder, Candidate or State Measure Proponent

Executed on

By

Signature of Controlling Officer/Holder, Candidate or State Measure Proponent

139106

OFFICE OF THE CITY CLERK
CITY OF NEWPORT BEACH

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
JUL 01 2009
Hand Delivered, Sacramento
Debra Bowen, Secretary of State

STATEMENT OF ORGANIZATION
FORM 410
2009 JUL 06 PM 9:58
OFFICE OF THE STATE CLERK
STATE OF CALIFORNIA
FPPC Form 410 (January 05)
FPPC Toll-Free Hotline: 800-ASK-FPPC (357-3772)
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 "non-partisan."
- 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 PROponent</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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<tbody>
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<td></td>
<td>☐ Non-Partisan</td>
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<td></td>
<td></td>
<td>☐ Non-Partisan</td>
</tr>
</tbody>
</table>

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
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<tbody>
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</table>

**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>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
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<td>OPPOSE</td>
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<td>SUPPORT</td>
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<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Newport Beach Police Employees Association Political Action Committee

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 state and local 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
P.O. Box 9576 Newport Beach CA 92658

Small Contributor Committee ☐ Date qualified

☐ Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

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.