

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or Date qualified as committee _____/_____/_____
 _____/_____/_____ Date qualified as committee (If amending to provide this date) _____/_____/_____
 _____/_____/_____ Date of termination

Date Stamp	CALIFORNIA FORM 410
	For Official Use Only
	2017 JUN 23 PM 1:14
	OFFICE OF THE CITY CLERK
	CITY OF NEWPORT BEACH

1. Committee Information	I.D. Number (if applicable) 787-99-5	2. Treasurer and Other Principal Officers
---------------------------------	--	--

NAME OF COMMITTEE
Newport Beach Police Management Association
Legislative Action Committee

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Newport Beach	CA	92660	949-644-3730

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange	

NAME OF TREASURER
Eric Little

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Newport Beach	CA	92660	949-644-3730

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
William Depweg (P), Damon Psaros (VP), Justin Mrouse (Sec)

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Newport Beach	CA	92660	949-644-3730

Attach additional information on appropriately labeled continuation sheets.

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 6/22/2017 By Eric Little
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT