**Statement of Organization**

**Recipient Committee**

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

Date qualified as committee:  

Date of termination:

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**1. Committee Information**

<table>
<thead>
<tr>
<th>Name of Committee</th>
<th>I.D. Number (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newport Beach Police Management Association Legal Action Committee</td>
<td>787-99-5</td>
</tr>
</tbody>
</table>

**Street Address (No P.O. Box)**

870 Santa Barbara Dr.

**City**  
Newport Beach |

**State**  
CA

**Zip Code**  
92660

**Telephone Number**  
949-644-3730

**E-mail Address**

JMOROUSE@NBPD.ORG

**County of Domicile**

Orange

**Jurisdiction Where Committee is Active**

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**2. Treasurer and Other Principal Officers**

<table>
<thead>
<tr>
<th>Name of Treasurer</th>
<th>Street Address (No P.O. Box)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Justin Morouse</td>
<td>870 Santa Barbara Dr.</td>
</tr>
</tbody>
</table>

**City**

**State**  
Newport Beach |

**Zip Code**  
92660

**Telephone Number**  
949-644-3730

**Name of Assistant Treasurer, If Any**

N/A

**Street Address (No P.O. Box)**

**City**

**State**  
N/A |

**Zip Code**  
SAME

**Telephone Number**  
SAME

**Name of Principal Officer(s)**

Keith Kullman (P), Eric Little (VP), Robert Bennett (Sec.)

**Street Address (No P.O. Box)**

870 Santa Barbara Dr.

**City**

**State**  
Newport Beach |

**Zip Code**  
92660

**Telephone Number**  
949-644-3730

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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 or**

1/22/2018

**By**

[Signature]

**Signature of Treasurer or Assistant Treasurer**

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**Signature of Controlling Officeholder, Candidate, or State Measure Proponent**

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**Signature of Controlling Officeholder, Candidate, or State Measure Proponent**

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**Signature of Controlling Officeholder, Candidate, or State Measure Proponent**

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FPPC Form 410 (May/2017)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov