

**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
RECEIVED
2018 JAN 23 PM 1:51
OFFICE OF THE CITY CLERK

CALIFORNIA FORM 410
For Official Use Only

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 LEGAL 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)
(SAME)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
JMOROUSE@NBPD.ORG

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
ORANGE

NAME OF TREASURER
JUSTIN MOROUSE

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
N/A

STREET ADDRESS (NO P.O. BOX)
(SAME)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
KEITH KRALLMAN (P), ERIC LITTLE (VP), ROBERT BENNETT (SEC.)

STREET ADDRESS (NO P.O. BOX)
870 SANTA BARBARA DR.

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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 1-22-2018 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

Executed on _____ By _____
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