**Statement of Organization**

**Recipient Committee**

**Statement Type**
- [ ] Initial
- [ ] Amendment
- [ ] Termination – See Part 5

**I.D. Number**

*If applicable*

1243243

**1. Committee Information**

**NAME OF COMMITTEE**

Newport Beach Firefighters Association PAC

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

3605 Long Beach Blvd., Suite 426

**CITY**

Long Beach

**STATE**

CA

**ZIP CODE**

90807

**AREA CODE/PHONE**

(562)427-2100

**MAILING ADDRESS (IF DIFFERENT)**

PO Box 1695 Newport Beach, CA 92659

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

info@olsonhagel.com

**CITY OF DOMICILE**

Los Angeles

**JURISDICTION WHERE COMMITTEE IS ACTIVE**

City of Newport Beach

**2. Treasurer and Other Principal Officers**

**NAME OF TREASURER**

Mike Mullen

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

3605 Long Beach Blvd., Suite 426

**CITY**

Long Beach

**STATE**

CA

**ZIP CODE**

90807

**AREA CODE/PHONE**

(562)427-2100

**NAME OF ASSISTANT TREASURER, IF ANY**

Bobby Salerno

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

3605 Long Beach Blvd., Suite 426

**CITY**

Long Beach

**STATE**

CA

**ZIP CODE**

90807

**AREA CODE/PHONE**

(562)427-2100

**NAME OF PRINCIPAL OFFICER(S)**

Bobby Salerno, Principal Officer

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

3605 Long Beach Blvd., Suite 426

**CITY**

Long Beach

**STATE**

CA

**ZIP CODE**

90807

**AREA CODE/PHONE**

(562)427-2100

**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**

4/16/2018

**DATE**

**By**

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

**Executed on**

**DATE**

**By**

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Executed on**

**DATE**

**By**

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Executed on**

**DATE**

**By**

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## 2a. Additional Officers / Assistant Treasurers

<table>
<thead>
<tr>
<th>NAME</th>
<th>NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ed Wick, Principal Officer</td>
<td></td>
</tr>
<tr>
<td>MAILING ADDRESS</td>
<td>MAILING ADDRESS</td>
</tr>
<tr>
<td>3605 Long Beach Blvd., Suite 426</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>CITY</td>
</tr>
<tr>
<td>Long Beach</td>
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<td>STATE</td>
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<td>CA</td>
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<td>ZIP CODE</td>
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<td>90807</td>
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<tr>
<td>AREA CODE/PHONE</td>
<td>AREA CODE/PHONE</td>
</tr>
<tr>
<td>(562)427-2100</td>
<td></td>
</tr>
</tbody>
</table>
**Statement of Organization**
**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**
Newport Beach Firefighters Association PAC

- 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>Firefighters First Credit Union</td>
<td>(800)231-1626</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>815 Colorado Blvd.</td>
<td>Los Angeles</td>
<td>CA</td>
<td>90041</td>
</tr>
</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.” Stating “No party preference” is acceptable.

- 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nonpartisan</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nonpartisan</td>
<td></td>
<td></td>
</tr>
</tbody>
</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>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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www.fppc.ca.gov
4. Type of Committee

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 ☐ Political Party/Central Committee

Provide brief description of activity:
To support or oppose candidates, propositions and ballot measures which further the goals of the association

Sponsored Committee
List additional sponsors on an attachment.

NAME OF SPONSOR
Newport Beach Firefighters Association

INDUSTRY GROUP OR AFFILIATION OF SPONSOR
Membership organization

STREET ADDRESS  NO. AND STREET  CITY  STATE  ZIP CODE  AREA CODE/PHONE
100 Civic Center Drive  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.