State Mailing Organization
Campaign Statement
(Government Code Sections 84218 - 84219)

SEE INSTRUCTIONS ON REVERSE

☐ Amendment (explain): ______________________________________________________________________________

State Mailing Organization Information
FULL NAME OF SATE MAILER ORGANIZATION: Neighborhood Preservation Coalition
ID NUMBER: 1368498

ADDRESS
NO. AND STREET
603 E Alton Ave STE G
CITY Santa Ana
STATE CA
ZIP CODE 92705
PHONE NUMBER (714) 540-2295

NAME OF TREASURER
Lysa Ray
ADDRESS
NO. AND STREET
603 E Alton Ave STE G
CITY Santa Ana
STATE CA
ZIP CODE 92705
DAYTIME PHONE NUMBER (714) 540-2295

Is This A General Purpose Committee?
If this State Mailing Organization is also a "general purpose committee" as defined in Government Code Section 82027.5, check box and attach the committee's campaign disclosure report to this statement.

☐ Committee Report Attached
☐ ID Number if Recipient Committee

Summary of Payments
1. TOTAL PAYMENTS RECEIVED ________ $ 250.00
2. TOTAL PAYMENTS MADE ________ $ 128.95

Verification
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 __________ 07/25/2018__________ At ________ Santa Ana, CA ________
DATE CITY AND STATE

Name of Responsible Officer Lysa Ray

Title Treasurer

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT FOR SLATE MAILER ORGANIZATIONS.

www.netfile.com
Schedule A
Payments Received

SEE INSTRUCTIONS ON REVERSE

NAME OF SATE MAILER ORGANIZATION:
Neighborhood Preservation Coalition

<table>
<thead>
<tr>
<th>(1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE</td>
</tr>
<tr>
<td>02/06/2018</td>
</tr>
</tbody>
</table>

| (2) |
| DEPARTMENT OR PERSONAL FROM WHICH CONTRIBUTIONS WERE RECEIVED (SEE IMPORTANT INSTRUCTIONS ON REVERSE) |
| Delta Partners LLC |
| 1384 N Airway Ave. |
| Costa Mesa, CA 92626 |

| (3) |
| NAME OF CANDIDATE OR MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2) |
|  |
| (4) |
| AMOUNT RECEIVED THIS PERIOD |
| 250.00 |
| (5) |
| CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE OR MEASURE |
| 250.00 |

Summary

1. Amount Received – Itemized payments
   (Include all Schedule A subtotals) ................................................................. $ 250.00

2. Amount Received – Payments of less than $100
   (not itemized) ...................................................................................................... $ 0.00

3. Total Payments Received (Line 1 + Line 2) Enter here and in Column A, Line 1, of the Summary of Payments section on Page 1 ................................. $ 250.00

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**Schedule B**

**Payments Made**

See Instructions on reverse

**Name of Slate Mailer Organization:**

Neighborhood Preservation Coalition

<table>
<thead>
<tr>
<th>Name and Street Address of Payee</th>
<th>Description of Payment</th>
<th>Amount Paid</th>
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</thead>
<tbody>
<tr>
<td>Bank of America</td>
<td>Bank fees</td>
<td>128.95</td>
</tr>
</tbody>
</table>

**Summary**

1. Payments of $100 or More (Include all Schedule B subtotals) ................................................ $ 128.95
2. Payments under $100 This Period (not itemized) ................................................................. $ 0.00
3. Total Payments This Period (Line 1 + Line 2) Enter here and in Column A, Line 2, of the Summary of Payments section on Page 1 ................................................................. $ 128.95

**FPPC Form 401 (January/05)**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)