Late Independent Expenditure Report				Type or print in ink. nounts may be rounded to whole dollars.		RECEATE NEED DENT EXPENDITURE REPORT		
NAME OF FILER Newport Beach Police Employees Association Political Action Committee				Date of This Fil	40/00/00/4	Date Stamp 2014 OCT -8 PM 3:	CALIFORNIA 8 FORM	496
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)				Panort No. 1170-41008		For Official Use On		Only
(916) 556-1776			***************************************	Report No. 1170-41008 OFFICE OF				
STREET ADDRESS 1415 L St Ste 410				Amendment to Report No. 1170-41008		CFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH		
CITY STATE ZIP CODE			DDE			1/1		
Sacramento CA 95814				No. of Pages				
1. List Only One Candi	idate or Ballot Measure							
NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED				
Kevin Muldoon								
OFFICE SOUGHT OR HELD/DISTRICT NO. SUPPO			1	7	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
City Council M 4 City	lember City Council Newport Bea					444		
2. Independent Expend	<u></u>	ditional information o	n appropriately lai	beled contin	nuation sheets.			
DATE	DESCRIPTION OF EXPENDITURE						AMOUNT	
10/08/2014	MAILER						1	3018.86
I								
10/07/2014	ROBO CALL							592.59
1								392.39
l								
4					NASCING NO PORTON CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT			
Reason for Amendment:			***	W. V.		Au-	_	
***************************************						FP	FPPC Form 4 PC Toll-Free Helpline: 86	

866/275-3772