EX (Go	upplemental Independent xpenditure Report overnment Code Sections 84203.5) EE INSTRUCTIONS ON REVERSE Amendment No Report No 169-20141018	Type or print in ink. Amounts may be rounded to whole dollars. Amendment (Explain Below)	Report covers p	2014 PECELV applicable: , Year) 2014 OCT 27 A	tamp	CALIFORNIA 1994 FORM 1/4 For Official Use On	65
1.	Committee/Filer Information NAME OF FILER Newport Beach Police Employees Association Politi STREET ADDRESS (NO P.O. BOX) 1415 L St Ste 410 CITY STATE ZIP COL Sacramento CA 95814 OPTIONAL: FAX/E-MAIL ADDRESS		Wayne Ordos MAILING ADDRE 1415 L St Ste CITY Sacramento	S ESS e 410	ERK	E AREA CODE/PHO (916)556-1	
2.	Name of Candidate or Measure Supp NAME OF CANDIDATE Duffy Duffield NAME OF BALLOT MEASURE	o C	OFFICE SOUGHT OR HE City Council Member CALLOT NO./LETTER	· 	Beach	CHEC SUPPORT X	CK ONE OPPOSE

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

Please see attached pages

Supplemental Independent Type or print in ink. SUPPLEMENTAL INDEPENDENT EXPENDITURE Amounts may be rounded Report covers period CALIFORNIA 1994 FORM **Experiditure Report** to whole dollars. 2/4 through __ **SEE INSTRUCTIONS ON REVERSE** NAME OF FILER I.D. NUMBER (If Recipient Com.) Newport Beach Police Employees Association Political Action Committee 1319106 4. Summary 1. Total independent expenditures made of \$100 or more this period. (Part 3) 6889.78 2. Total independent expenditures under \$100 made this period. (Not itemized.) 0.00 6889.78

5.	Filing Officers	Enter the official title and address of each filing officer with whom most recent campaign statements have been filed
	Please see attached nage	

6. 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 i	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 10/21/2014	By Wayne Ordos August School		
DATE	SIGNATURE OF TREASURER OR ASSISTANT TREASURER		
Executed on	By		
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR		
Executed on	By		
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT		
Executed on	By		
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT		

Supplemental Independent Expenditure Report

Reference No:

(Government Code Sections 84203.5)
SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded
to whole dollars.

from	•
through	

Report covers period

CALIFORNIA 465

4/4

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Date Stamp

For Official Use Only

For use by an officeholder, candidate, or committee making independent expenditures totaling \$500 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

. Independe	ent Expenditures Made Attach additional inform	ation on appropriately labeled continuation sheets.		CUMULATIVE TO DAT
DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CALENDAR YEAR (JAN.1 - DEC.31)
10/06/2014	PJM Creative 5022 Hackomiller Rd	Mailer	3018.86	6889.78
	Garden Valley CA 95633 Reference No:			
10/07/2014	PJM Creative 5022 Hackomiller Rd	Robo Call	592.59	6889.78
	Garden Valley CA 95633 Reference No:			
10/08/2014	PJM Creative 5022 Hackomiller Rd	Mailer	3018.86	6889.78
	Garden Valley CA 95633 Reference No:			
10/14/2014	PJM Creative 5022 Hackomiller Rd	Robo Calls	259.47	6889.78
	Garden Valley CA 95633			