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Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			Date Stamp	california 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period	Date of election if applicable: (Month, Day, Year)	2016 NOV - 1 AN OFFICE OF	For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	omplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	2. Type of Statement: X Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	Spectromination) Spectromination) State	rterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495
Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Newport Beach Police Employees Association E STREET ADDRESS (NO P.O. BOX) 1121 L Street Suite 200	1319106 Political Action	Treasurer(s) NAME OF TREASURER Wayne Ordos MAILING ADDRESS 1121 L Street, Suite: CITY Sacramento	200 STATE ZIP C CA 958	
CITY STATE ZIP CO Sacramento CA 9583 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E CITY STATE ZIP CO	14 (916)556-1776 30X	NAME OF ASSISTANT TREASUR MAILING ADDRESS CITY	STATE ZIP C	ODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS (916)556-1233 / ordoslaw@jps.net		OPTIONAL: FAX / E-MAIL ADDR	ESS	
I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californi Executed on	a that the foregoing is true and correct. By	Signature of Controlling Officeholder, Candidate, State Measure Pro	Freasurer ponent or Responsible Officer of Sponsor	lles is true and complete. I certify

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Executed on ____

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
CALIF FC	ORNIA ORM	460					
Page _		of <u>24</u>					

Officeholder or Candidate Controlled Committee			Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE	Photography and the state of th		NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling of	ficeholder, ca	ındidate, or s	tate measure	proponent, if any
			NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PE	ROPONENT		
Related Committees Not Included in this Star not included in this statement that are controlled by you of contributions or make expenditures on behalf of your can	or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	,						
STATE ZIP CC	DDE AREA CODE/PHONE		Atta	ch continuati	on sheets if I	necessary	

Campaign Disclosure Statement

SUMMARY PAGE

Summary Page	to whole dollars.	State	ment covers period	CALIFORNIA	460
		from	07/01/2016	FORM	TUU
SEE INSTRUCTIONS ON REVERSE		through	10/22/2016	Page3 of	24
NAME OF FILER				I.D. NUMBER	
Newport Beach Police Employees Association Political Action	n			1319106	
Contributions Descined	Column A	Column B	Calendar Year Sur	mmary for Candida	ates

Contributions Received	Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$ 7,455.00	\$	17,565.00	
2. Loans Received	0.00		0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 7,455.00	\$	17,565.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions	0.00		0.00	21 Evnenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 7,455.00	\$	17,565.00	Made \$ \$
Expenditures Made				Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ 56,349.98	\$	73,399.98	Candidates
7. Loans Made Schedule H, Line 3	0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 56,349.98	\$	73,399.98	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$ 56,349.98	\$	73,399.98	\$
Current Cash Statement				ss
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 54,704.19	To	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	7,455.00	an	nounts in Column A to the	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00		rresponding amounts om Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	56,349.98		port. Some amounts in olumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 5,809.21	fig	ures that should be	
If this is a termination statement, Line 16 must be zero.		ре	btracted from previous	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	for	e first report being filed r this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts		fro	om Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$ 0.00		••	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00			
				FPPC Form 460 (Jan/

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Schedule A Monetary Contributions Received			Amounts may be rounded to whole dollars.		Statement covers period from07/01/2016		schedule CALIFORNIA 460 FORM	
	ONS ON REVERSE			through	016	Page _	4 of24	
NAME OF FILER Newport Beac	ch Police Employees Association Political Action					I.D. NUM 131910		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \() (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
07/01/2016 10/21/2016	Vladimir Anderson	XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Police Officer City of Newport Beach	Received through inter Newport Beach Police O 870 Santa Barbara Dr Newport Beach, CA 926	mediary: fficers Associat	315.00		
07/01/2016 10/21/2016	Brandy Banks		Police Officer City of Newport Beach	135.00 Received through inter Newport Beach Police Of 870 Santa Barbara Dr Newport Beach, CA 926	mediary: fficers Associat	315.00		
07/01/2016 10/21/2016	Jason Blakely	IND □ COM □ OTH □ PTY □ SCC	Police Officer City of Newport Beach	135.00 Received through inter Newport Beach Police Of 870 Santa Barbara Dr Newport Beach, CA 926	mediary: fficers Associat	315.00		
07/01/2016 10/21/2016	David Darling	IND □ COM □ OTH □ PTY □ SCC	Police Officer City of Newport Beach	135.00 Received through inter Newport Beach Police O 870 Santa Barbara Dr Newport Beach, CA 926	mediary: fficers Associat	315.00		
07/01/2016 10/21/2016	Marie Depweg	IND □ COM □ OTH □ PTY □ SCC	Police Officer City of Newport Beach	135.00 Received through inter Newport Beach Police O 870 Santa Barbara Dr Newport Beach, CA 926	mediary: fficers Associat	315.00		
			SUBTOTAL	.\$ 675.00				
1. Amount red	A Summary acceived this period – itemized monetary contributions.		œ.	7 455 00	IND	ntributor Co – Individual M – Recipien	į.	

(Include all Schedule A subtotals.)\$ _____

2. Amount received this period – unitemized monetary contributions of less than \$100\$

3. Total monetary contributions received this period. (other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

SCHEDULE A (CONT.)

Statement covers period

Monetary Contributions Received		Amounts may to whole		Statement cove	•	FORM 460		
				through 10/22/	2016	Page5 of2	<u> 4 </u>	
NAME OF FILER						I.D. NUMBER		
Newport Beach	Police Employees Association Political Action					1319106		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO I CALENDAR YE. (JAN. 1 - DEC. :	AR TO DATE		
07/01/2016 10/21/2016	Thu Do	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Police Officer City of Newport Beach	135.00 Received through inter Newport Beach Police (870 Santa Barbara Dr Newport Beach, CA 920	rmediary: Officers Associatio	5.00 on		
07/01/2016 10/21/2016	Anne Donnelly	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Police Officer City of Newport Beach	Received through inte Newport Beach Police (870 Santa Barbara Dr Newport Beach, CA 926	mediary: Officers Associatio	5.00 on		
07/01/2016 10/21/2016	Shawn Dugan	IND COM OTH PTY SCC	Police Officer City of Newport Beach	135.00 Received through inter Newport Beach Police (870 Santa Barbara Dr Newport Beach, CA 926	mediary: Officers Associatio	5.00		
07/01/2016 10/21/2016	Jeremy Dutton	☑IND □COM □OTH □PTY □SCC	Police Officer City of Newport Beach	135.00 Received through inte Newport Beach Police 6 870 Santa Barbara Dr Newport Beach, CA 926	rmediary: Officers Associatio	5.00		
07/01/2016 10/21/2016	Thomas Encheff	IND COM OTH PTY SCC	Police Officer City of Newport Beach	135.00 Received through inte Newport Beach Police (870 Santa Barbara Dr Newport Beach, CA 920	rmediary: Officers Associatio	5.00		
			SUBTOTAL	\$ 675.00				

Amounts may be rounded

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded Statement covers period CALIFORNIA CONT.)

,		to whole	dollars.	from07/01	/2016	FORM 460
NAME OF FILER		44.44				D. NUMBER
Newport Beac	h Police Employees Association Political Action				1	319106
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAI (JAN. 1 - DEC. 31	R TO DATE
07/01/2016 10/21/2016	David Fattal	IND COM OTH PTY SCC	Police Officer City of Newport Beach	Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 92	rmediary: officers Association	
07/01/2016 10/21/2016	Devon Fitzgerald	IND COM OTH PTY SCC	Police Officer City of Newport Beach	Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 92	rmediary: officers Association	
07/01/2016 10/21/2016	Garrett Fitzgerald	IND COM OTH PTY SCC	Police Officer City of Newport Beach	135.00 Received through inte Newport Beach Police B70 Santa Barbara Dr Newport Beach, CA 92	mediary: officers Association	
07/01/2016 10/21/2016	Michael Fletcher	☑IND □COM □OTH □PTY □SCC	Police Officer City of Newport Beach	135.00 Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 920	rmediary: officers Association	
07/01/2016 10/21/2016	Matthew Graham	IND COM OTH PTY SCC	Police Officer City of Newport Beach	135.00 Received through intended Policies 870 Santa Barbara Dr Newport Beach, CA 920	rmediary: officers Association	
			SUBTOTAL	\$ 675.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCHEDULE A (CONT.)

Statement covers period

monetary contributions Received		to whole		from07/01/2016		FORM 460	
				through10/22	/2016	Page _	7 of 24
NAME OF FILER		***************************************				I.D. NUN	BER
Newport Beac	h Police Employees Association Political Action					131910	6
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
07/01/2016 10/21/2016	William Hanson	⊠IND □ COM □ OTH □ PTY □ SCC	Police Officer City of Newport Beach	Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 92	mediary: Officers Associati	015.00	
07/01/2016 10/21/2016	Brice Hardy	XIND COM OTH PTY SCC	Police Officer City of Newport Beach	Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 920	mediary: Officers Associati	00 on	
07/01/2016 10/21/2016	Richard Henry	IND COM OTH PTY SCC	Police Officer City of Newport Beach	Received through inte Newport Beach Police of 870 Santa Barbara Dr Newport Beach, CA 920	mediary: Officers Associati	on	
07/01/2016 10/21/2016	Joseph Horton	☑IND □COM □OTH □PTY □SCC	Police Officer City of Newport Beach	Received through inte Newport Beach Police (870 Santa Barbara Dr Newport Beach, CA 920	rmediary: Officers Associatio	00 on	
07/01/2016 10/21/2016	Robert Hufford	☑IND □COM □OTH □PTY □SCC	Police Officer City of Newport Beach	135.00 Received through inter Newport Beach Police (870 Santa Barbara Dr Newport Beach, CA 920	rmediary: Officers Associatio	.5.00 on	
			SUBTOTAL	\$ 675.00			

Amounts may be rounded

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SCHEDULE A (CONT.)

Statement covers period

Monetary Contributions Received		to whole		from07/01	·	CALIFORNIA 460	
				through10/22	/2016	Page 8 of	24
NAME OF FILER						I.D. NUMBER	
Newport Beac	h Police Employees Association Political Action					1319106	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO I CALENDAR YE (JAN. 1 - DEC.	AR TOD	ATE
07/01/2016 10/21/2016	William Hume		Police Officer City of Newport Beach	Received through inte Newport Beach Policies 870 Santa Barbara Dr Newport Beach, CA 92	rmediary: Officers Associatio	on	
07/01/2016 10/21/2016	Jason Hurd-Servin	IND COM OTH PTY SCC	Police Officer City of Newport Beach	Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 92	mediary: Officers Associatio	.5.00 on	
07/01/2016 10/21/2016	Christopher Kimble	☑IND □COM □OTH □PTY □SCC	Police Officer City of Newport Beach	135.00 Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 920	mediary: Officers Associatio	.5.00 on	
07/01/2016 10/21/2016	Richard Knight	☑IND □COM □OTH □PTY □SCC	Police Officer City of Newport Beach	135.00 Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 920	mediary: Officers Associatio	.5.00 on	
07/01/2016 10/21/2016	Wendy Koudelka	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Police Officer City of Newport Beach	135.00 Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 92	mediary: Officers Associatio	on.	
			SUBTOTAL	\$ 675.00			

Amounts may be rounded

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SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

				from07/01	/2016	FOR	IV!	100
				through 10/22	/2016		9 of	24
NAME OF FILER						I.D. NUMBE	iR .	
Newport Beach	Police Employees Association Political Action					1319106		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO E CALENDAR YEA (JAN. 1 - DEC. S	AR	PER ELEC TO DA' (IF REQUI	TE
07/01/2016 10/21/2016	David Kresge	IND COM OTH PTY SCC	Police Officer City of Newport Beach	135.00 Received through inte Newport Beach Police 870 Santa Berbara Dr Newport Beach, CA 92	mediary: Officers Associatio	5.00		
07/01/2016 10/21/2016	Jennifer Kresqe	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Police Officer City of Newport Beach	Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 92	mediary: Officers Associatio	n		
07/01/2016 10/21/2016	Scott Laruffa	IND COM OTH PTY SCC	Police Officer City of Newport Beach	Received through inte Newport Beach Police of 870 Santa Barbara Dr Newport Beach, CA 920	rmediary: Officers Associatio	5.00		
07/01/2016 10/21/2016	Troy Long	☑IND □COM □OTH □PTY □SCC	Police Officer City of Newport Beach	135.00 Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 920	rmediary: Dfficers Associatio	n.00		
07/01/2016 10/21/2016	Brian Mack	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Police Officer City of Newport Beach	Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 92	rmediary: Officers Associatio	n		
			SUBTOTAL	675.00				

Amounts may be rounded

to whole dollars.

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SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

,		to whole	dollars.	from 07/01/	(2016	FORM 460 Page 10 of 24
NAME OF FILER						I.D. NUMBER
Newport Beach	Police Employees Association Political Action					1319106
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO I CALENDAR YE (JAN. 1 - DEC.	AR TO DATE
07/01/2016 10/21/2016	Dennis Maisano		Police Officer City of Newport Beach	Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 92	mediary: Officers Associatio	5.00 on
07/01/2016 10/21/2016	Jennifer Manzella	XIND ☐COM ☐OTH ☐PTY ☐SCC	Police Officer City of Newport Beach	Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 92	rmediary: Officers Associatio	5.00 on
07/01/2016 10/21/2016	Kyle Markwald	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Police Officer City of Newport Beach	Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 920	rmediary: Officers Associatio	5.00 on
07/01/2016 10/21/2016	Kjersti Martini	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Police Officer City of Newport Beach	Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 920	mediary: Officers Associatio	5.00 on
07/01/2016 10/21/2016	Brian McDowell	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Police Officer City of Newport Beach	Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 920	rmediary: Officers Associatio	5.00 on

Amounts may be rounded

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IND - Individual

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SCHEDULE A (CONT.)

Statement covers period

Monetary Contributions Received		to whole dollars.		Statement covers period from07/01/2016		FORM 460	
				through 10/22	/2016 F	Page11 of24	
NAME OF FILER			,, ,, ,, ,, ,, ,, ,, ,			I.D. NUMBER	
Newport Beac	h Police Employees Association Political Action				1	1319106	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR TO DATE	
07/01/2016 10/21/2016	Siavash Mesri	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Police Officer City of Newport Beach	135.00 Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 92	rmediary: Officers Association	5.00	
07/01/2016 10/21/2016	John Miller	⊠IND □COM □OTH □PTY □SCC	Police Officer City of Newport Beach	Received through inte Newport Beach Police (870 Santa Barbara Dr Newport Beach, CA 920	rmediary: Officers Association	1	
07/01/2016 10/21/2016	Thomas Monarch	IND COM OTH PTY SCC	Police Officer City of Newport Beach	Received through inte Newport Beach Police (870 Santa Barbara Dr Newport Beach, CA 920	rmediary: Officers Association	5.00	
07/01/2016 10/21/2016	Jorge Negrete	☑IND □COM □OTH □PTY □SCC	Police Officer City of Newport Beach	Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 92	mediary: Officers Association	1	
07/01/2016 07/15/2016	Nicole O'Donnell	⊠IND □COM □OTH □PTY □SCC	Police Officer City of Newport Beach	30.00 Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 920	mediary: Officers Association	1	
	SUBTOTAL\$ 570.00						

Amounts may be rounded

*Contributor Codes

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SCHEDULE A (CONT.)

Statement covers period

to whole dollars					FORM 460		
NAME OF THE				through 10/22	/2016 F	Page12 of24	
NAME OF FILER					ı	.D. NUMBER	
Newport Beach	h Police Employees Association Political Action	Y			1	1319106	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEA (JAN. 1 - DEC. 3	R TO DATE	
07/01/2016	Anthony Olivas	[X]IND	Police Officer	135.00	315	.00	
10/21/2016		□COM □OTH □PTY □SCC	City of Newport Beach	Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 92			
07/01/2016 10/21/2016	Jeffrey Perkins	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Police Officer City of Newport Beach	Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 92	mediary: Officers Association		
07/01/2016 10/21/2016	Christopher Pulliam	IND COM OTH PTY SCC	Police Officer City of Newport Beach	135.00 Received through inter Newport Beach Police 6870 Santa Barbara Dr Newport Beach, CA 926	mediary: Dfficers Association		
07/01/2016 10/21/2016	Chris Rieff	☑IND □COM □OTH □PTY □SCC	Police Officer City of Newport Beach	Received through inter Newport Beach Police 0 870 Santa Barbara Dr Newport Beach, CA 920			
07/01/2016 10/21/2016	Bernadette Rosselit	☑IND □COM □OTH □PTY □SCC	Police Officer City of Newport Beach	135.00 Received through intel Newport Beach Police 6 870 Santa Barbara Dr Newport Beach, CA 926	Officers Association	.00	
	SUBTOTAL\$ 675.00						

Amounts may be rounded

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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PTY - Political Party

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from07/01	/2016	FORM FOO
NAME OF FILER				through 10/22	/2016	Page13 of24
						I.D. NUMBER
Newport Beacl	h Police Employees Association Political Action					1319106
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR TO DATE
07/01/2016 10/21/2016	Sam Sa	⊠IND □COM □OTH □PTY □SCC	Police Officer City of Newport Beach	Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 92	rmediary: officers Association	5.00
07/01/2016 10/21/2016	Paul Sarris	⊠IND □COM □OTH □PTY □SCC	Police Officer City of Newport Beach	135.00 Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 92	mediary: Officers Association	1
07/01/2016 10/21/2016	Brian Schlottach		Police Officer City of Newport Beach	Received through inter Newport Beach Police (870 Santa Barbara Dr Newport Beach, CA 920	mediary: Dfficers Association	5.00
07/01/2016 10/21/2016	David Spenser	COM OTH PTY SCC	Police Officer City of Newport Beach	135.00 Received through intel Newport Beach Police (870 Santa Barbara Dr Newport Beach, CA 920	mediary: Officers Association	.00
07/01/2016 10/21/2016	Roland Stucken		Police Officer City of Newport Beach	Received through inte Newport Beach Police (870 Santa Barbara Dr Newport Beach, CA 924	mediary: Officers Association	.00

Amounts may be rounded

to whole dollars.

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCHEDULE A (CONT.)

Statement covers period

				from07/01	/2016	FORM 400		
NAME OF FILER		and the state of t		through 10/22	га	ge14 of24		
					I.C	. NUMBER		
Newport Beach	n Police Employees Association Political Action	I	1		13	19106		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)			
07/01/2016 10/21/2016	John Veale	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Police Officer City of Newport Beach	135.00 Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 92	mediary: officers Association	000		
07/01/2016 10/21/2016	Todd Vinson	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Police Officer City of Newport Beach	Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 92	mediary: Officers Association	00		
07/01/2016 10/21/2016	Matthew Wood	IND COM OTH PTY SCC	Police Officer City of Newport Beach	Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 92	fficers Association	00		
07/01/2016 10/21/2016	Anthony Yim	☑IND □COM □OTH □PTY □SCC	Police Officer City of Newport Beach	Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 920		00		
07/01/2016 10/21/2016	John Yim	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Police Officer City of Newport Beach	135.00 Received through inter Newport Beach Police of 870 Santa Barbara Dr Newport Beach, CA 920	fficers Association	00		
	SUBTOTAL\$ 675.00							

Amounts may be rounded

to whole dollars.

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

Schedule A (Continuation Sheet) SCHEDULE A (CONT.) **Monetary Contributions Received** Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. **FORM** 07/01/2016 10/22/2016 through_ Page ____15__ of ___24___ NAME OF FILER I.D. NUMBER Newport Beach Police Employees Association Political Action 1319106

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/01/2016 10/21/2016	Troy Zeeman	IND COM OTH PTY SCC	Police Officer City of Newport Beach	Received through inte Newport Beach Police 870 Santa Barbara Dr Newport Beach, CA 92	mediary: Officers Association	
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
			SUBTOTALS	135.00		

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

	SCHEDULE I
Statement covers period	CALIFORNIA ACO
from07/01/2016	FORM 400
through10/22/2016	Page 16 of 24
	I.D. NUMBER

Newport Beach Police Employees Association Political Action

polo 200	I I I I I I I I I I I I I I I I I I I	sociation Political Act	1011			131910	06
DATE	MEASURE NUMBER OR L	OFFICE, AND DISTRICT, OR LETTER AND JURISDICTION, OMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/29/2016	Brad Avery City Council Member Newport Beach District: 2	☐ Oppose	Monetary Contribution Nonmonetary Contribution X Independent Expenditure	Mailer	4,299.10	16,045.88	
09/29/2016	Lee Lowrey City Council Member Newport Beach District: 5	☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	Mailer	4,299.10	16,045.89	
09/29/2016	Will O'Neill City Council Member Newport Beach District: 7	☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Mailer	4,299.11	17,908.21	
				SUBTOTAL \$	12,897.31		

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	49,999.9
2. Unitemized contributions and independent expenditures made this period of under \$100	0.0
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	49,999.9

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded				
to whole dollars.				

			SCHE	DULE	D (COI	۷T.)
State	ment covers period	CALIF	ORNI.	A A	6	7
from	07/01/2016	FO	RM		101	y
through	10/22/2016	Page	17	o f	24	

	WALL			through $\frac{10/22/20}{}$)16 Pa	ge <u>17</u> of <u>24</u>
NAME OF FILER	₹			***************************************	I.D.	NUMBER
Newport Bea	ach Police Employees Association Poli	tical Action			13	19106
DATE	NAME OF CANDIDATE, OFFICE, AND DISTR MEASURE NUMBER OR LETTER AND JURISE OR COMMITTEE	ICT, OR TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO D CALENDAR YEAI (JAN. 1 - DEC. 31)	
10/06/2016	Brad Avery City Council Member Newport Beach District: 2 X Support Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	Mailer	4,299.10	16,045	. 88
10/06/2016	Lee Lowrey City Council Member Newport Beach District: 5		Mailer	4,299.10	16,045	. 89
10/06/2016	Will O'Neill City Council Member Newport Beach District: 7 X Support	☐ Monetary Contribution ☐ Nonmonetary Contribution ☑ Independent Expenditure	Mailer	4,299.11	17,908	.21
10/10/2016	Brad Avery City Council Member Newport Beach District: 2 X Support Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	Mailer	3,102.34	16,045	88
			SUBTOTAL \$	15,999.65		

15,999.65

Schedule D (Continuation Sheet) **Summary of Expenditures Supporting/Opposing Other** Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

SCHEDULE D (CONT.)

Statement covers period	CALIFORNIA ACO
from07/01/2016	FORM 400
through10/22/2016	Page 18 of 24
	I.D. NUMBER

Newport Beach Police Employees Association Political Action

Newpore Beach Forres Amproyees Association Forrestal Action						131910	J6
DATE	NAME OF CANDIDATE, OFFICE, A MEASURE NUMBER OR LETTER A OR COMMITTEE	ND JURISDICTION,	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2016	Lee Lowrey City Council Member Newport Beach District: 5	Oppose	Monetary	Mailer	3,102.35	16,045.89	
10/10/2016	Will O'Neill City Council Member Newport Beach District: 7 X Support C	Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Mailer	3,102.35	17,908.21	
	Brad Avery City Council Member Newport Beach District: 2 X Support C	Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Mailer	1,862.29	16,045.88	
	Lee Lowrey City Council Member Newport Beach District: 5	Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Mailer	1,862.29	16,045.89	
				SUBTOTAL \$	9,929.28		

NAME OF FILER

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

NAME OF FILER

Amounts may be rounded	l
to whole dollars.	

SCHEDULE D (CONT.)

Statemen	t covers period	CALIFORNIA AGO			
from0	7/01/2016	FORM 400			
through1	0/22/2016	Page <u>19</u> of <u>24</u>			
		I.D. NUMBER			
		1319106			

Newport Beach Police Employees Association Political Action

DATE	MEASURE NUMBER OR I	DFFICE, AND DISTRICT, OR LETTER AND JURISDICTION, MMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/14/2016	Will O'Neill City Council Member Newport Beach District: 7	☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Mailer	3,724.58	17,908.21	
10/18/2016	Brad Avery City Council Member Newport Beach District: 2	☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☑ Independent Expenditure	Mailer	2,483.05	16,045.88	
10/18/2016	Lee Lowrey City Council Member Newport Beach District: 5	☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Mailer	2,483.05	16,045.89	
10/18/2016	Will O'Neill City Council Member Newport Beach District: 7	☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Mailer	2,483.06	17,908.21	
				SUBTOTAL	\$ 11,173.74		

Schedule E
Payments Made

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from07/01/2016	FORM 400
through10/22/2016	Page20 of24
	I.D. NUMBER
	1319106

NAME OF FILER

Newport Beach Police Employees Association Political Action

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign paraphernalia/misc. MBR member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger servi professional services (legal, accounting print ads	RFD SAL TEL TRC TRS Ces TSF	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)
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CODE C	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
PRO		850.00
CNS		1,000.00
PRO		500.00
	PRO	PRO

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL\$ 2,350.00

Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 56,349.98
2. Unitemized payments made this period of under \$100	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	

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Schedule E

SCHEDULE E (CONT.)

(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from 07/01/2016	FORM 400
SEE INSTRUCTIONS ON REVERSE		through10/22/2016	Page21 of24
NAME OF FILER			I.D. NUMBER
Newport Beach Police Employees Association F	olitical Action		1319106
CODES: If one of the following codes accura CMP campaign paraphernalia/misc. CNS campaign consultants	tely describes the payment, you may enter the code MBR member communications MTG meetings and appearances	e. Otherwise, describe the payment RAD radio airtime and production RFD returned contributions	

CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR MTG OFC PET PHO POL POS	member com meetings and office expen petition circu phone banks polling and s postage, deli professional	munication d appearan ses lating survey reservivery and n	ns nces earch mess	ı enger services	RAD RFD SAL TEL TRC TRS		me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OF	₹	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
Wayne Ordos, Attorney at Law 1121 L Street, Suite 200 Sacramento, CA 95814-			PRO					500.00
P.M. Restaurants/Consulting Inc. 333 South Hope St. 8th Floor Los Angeles, CA 90071			CNS					2,000.00

PJM Creative 5022 Hackomiller Rd Garden Valley, CA 95633-	IND	Mailer	12,897.31
Wayne Ordos, Attorney at Law 1121 L Street, Suite 200 Sacramento, CA 95814-	PRO		500.00
PJM Creative 5022 Hackomiller Rd Garden Valley, CA 95633-	IND	Mailer	12,897.31

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 28,794.62

Schedule E

SCHEDULE E (CONT.)

Continuation Sneet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from07/01/2016	FORM 400
SEE INSTRUCTIONS ON REVERSE		through10/22/2016	Page22 of24
			I.D. NUMBER
Newport Beach Police Employees Association Po	litical Action		1319106
CODES: If one of the following codes accurate	ly describes the payment, you may enter the code.	Otherwise, describe the payment.	
MP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	

CNS campaign consultants MTG meetings and appearances RFD returned contributions contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) AMOUNT PAID IND Mailer

PJM Creative 9,307.04 5022 Hackomiller Rd Garden Valley, CA 95633-P.M. Restaurants/Consulting Inc. CNS 1,000.00 333 South Hope St. 8th Floor Los Angeles, CA 90071 PJM Creative IND Mailer 7,449.16 5022 Hackomiller Rd Garden Valley, CA 95633-PJM Creative IND Mailer 7,449.16 5022 Hackomiller Rd Garden Valley, CA 95633-

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$** 25,205.36

Schedule G	
Payments Made by an Agent or Independent	
Contractor (on Behalf of This Committee)	

Amounts may be rounded to whole dollars.

		SCHEDULE G
Stat	ement covers period	CALIFORNIA 460
from	07/01/2016	FORM 46U
through	10/22/2016	Page23 of24
		I.D. NUMBER

WEB information technology costs (internet, e-mail)

1319106

Newport Beach Police Employees Association Political Action

PJM Creative

NAME OF FILER

LIT

SEE INSTRUCTIONS ON REVERSE

NAME OF AGENT OR INDEPENDENT CONTRACTOR

campaign literature and mailings

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* IND POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration

PRT

print ads

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postal Service 4850 Marshall Rd Garden Grove, CA 95633	POS		4,500.00
U.S. Postal Service 4850 Marshall Rd Garden Grove, CA 95633	POS		4,500.00
U.S. Postal Service 4850 Marshall Rd Garden Grove, CA 95633	POS		3,000.00
U.S. Postal Service 4850 Marshall Rd Garden Grove, CA 95633	POS		2,400.00
Attach additional information on appropriately labeled continuation she	ets.		TOTAL* \$ 14,400.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G (Continuation Sheet) Payments Made by an Agent or Independent **Contractor (on Behalf of This Committee)**

Amounts may be rounded to whole dollars.

	SCHEDULE G (CONT.)
statement covers period	CALIFORNIA 460
07/01/2016	EODW 410U

	Statement covers period		CALIFORNIA ACO	
	from	07/01/2016	FORM 400	
	through .	10/22/2016	Page <u>24</u> of <u>24</u>	
•			I.D. NUMBER	
			1319106	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newport Beach Police Employees Association Political Action

NAME OF AGENT OR INDEPENDENT CONTRACTOR

PJM Creative

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs phone banks TRC candidate travel, lodging, and meals candidate filing/ballot fees PHO polling and survey research staff/spouse travel, lodging, and meals FND fundraising events TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services legal defense professional services (legal, accounting) VOT voter registration PRO LEG campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postal Service 4850 Marshall Rd Garden Grove, CA 95633	POS			2,400.00

Attach additional information on appropriately labeled continuation sheets.

2,400.00

TOTAL* \$

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.