

Statement of Organization Recipient Committee

Type or print in ink

Statement Type Initial
 Not yet qualified or

 Date qualified as committee

Amendment
 List I.D. number:
 # 1319106

 Date qualified as committee
 (If applicable)

RECEIVED
 in the office of the Secretary of State
 of the State of California
 Date Stamp
RECEIVED AND FILED
 # 2013 MAR 18 AM 11:18
 # MAR 06 2013
 Date of Termination
 Hand Delivered, Sacramento
 1/4
 OFFICE OF THE CITY CLERK
 CITY OF SACRAMENTO

CALIFORNIA FORM **410**
 For Official Use only

1. Committee Information

NAME OF COMMITTEE

Newport Beach Police Employees Association Political Action

STREET ADDRESS (NO P. O. BOX)

1415 L St Ste 410

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 556-1776

Sacramento CA 95814 (916) 556-1776

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

Sacramento

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

City of Newport Beach

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Wayne Ordos

STREET ADDRESS

1415 L St Ste 410

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 556-1776

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Newport Beach	CA	92660	(916) 556-1776

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Vlad Anderson
 Chair

MAILING ADDRESS

870 Santa Barbara Dr

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Newport Beach	CA	92660	(916) 556-1776

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 02/28/2013
 DATE

By Wayne Ordos
 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

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

2 / 4

COMMITTEE NAME

I.D. NUMBER

Newport Beach Police Employees Association Political Action

1319106

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 "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
	District:		<input type="checkbox"/> Non-Partisan
	District:		<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Wells Fargo	800/225-5935	1343185243
ADDRESS	CITY	STATE
400 Capitol Mall	Sacramento	CA
		ZIPCODE
		95814

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDING DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
Ballot:	District:		
Ballot:	District:		

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

3 / 4

COMMITTEE NAME

Newport Beach Police Employees Association Political Action

I.D. NUMBER

1319106

4. Type of Committee (Continued)

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**

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Support and oppose candidates

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Newport Beach Police Employees Association

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Police Officers

STREET ADDRESS

870 Santa Barbara Dr

NO. AND STREET

CITY

Newport Beach

STATE

CA

ZIP CODE

92660

Small Contributor Committee

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

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 expenditure 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.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

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4 / 4

COMMITTEE NAME

Newport Beach Police Employees Association Political Action

I.D. NUMBER

1319106

2. Treasurer and Other Principal Officers

Complete the applicable sections.

Treasurer and Other Principal Officers

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Wayne Ordos
Treasurer

STREET ADDRESS

1415 L St
Ste 410

CITY

Sacramento

STATE

CA

ZIP CODE

95814

AREA CODE/PHONE

(916) 556-1776