

# Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)  
SEE INSTRUCTIONS ON REVERSE

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

Report covers period from <u>10/01/2014</u> through <u>10/18/2014</u>	Date Stamp <b>RECEIVED</b> 2014 OCT 27 AM 10:23	CALIFORNIA 1994 FORM <b>465</b>
Date of election, if applicable; (Month, Day, Year) <u>11/04/2014</u>	1 / 4	
		For Official Use Only

**Amendment** (Explain Below)

Amendment No \_\_\_\_\_

Report No 171-20141018

## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)  
1319106

NAME OF FILER  
Newport Beach Police Employees Association Political Action Committee

STREET ADDRESS (NO P.O. BOX)  
1415 L St Ste 410

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

OPTIONAL: FAX/E-MAIL ADDRESS  
(916)556-1233

## Treasurer

(If recipient committee)

NAME OF TREASURER  
Wayne Ordos

MAILING ADDRESS  
1415 L St Ste 410

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

OPTIONAL: FAX/E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD	CHECK ONE	
		SUPPORT	OPPOSE
<u>Mike Toerge</u>	<u>City Council Member</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	
		<u>Newport Beach</u>	

## 3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.  
Please see attached pages

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from _____ through _____	<b>CALIFORNIA 1994 FORM 465</b>
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	I.D. NUMBER (If Recipient Com.) 1319106

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NAME OF FILER

Newport Beach Police Employees Association Political Action Committee

## 4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3) .....	\$	6889.79
2. Total independent expenditures under \$100 made this period. (Not itemized.) .....	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.) .....	<b>TOTAL \$</b>	<b>6889.79</b>

## 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 pages

## 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 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  
DATE

By Wayne Ordos  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from _____ through _____	<b>CALIFORNIA</b> <b>1994 FORM</b> <b>465</b>
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**SEE INSTRUCTIONS ON REVERSE**

**NAME OF FILER**

Newport Beach Police Employees Association Political Action Committee

**I.D. NUMBER (If Recipient Com.)**

1319106

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

1) **NAME OF FILING OFFICER**

Newport Beach City Clerk

**ADDRESS**

(NO. AND STREET)

PO Box 1768

**CITY**

Newport Beach

**STATE**

CA

**ZIP CODE**

92658-

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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.

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

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
10/06/2014	PJM Creative 5022 Hackomiller Rd Garden Valley CA 95633 Reference No:	Mailer	3018.86	6889.79
10/07/2014	PJM Creative 5022 Hackomiller Rd Garden Valley CA 95633 Reference No:	Robo Call	592.60	6889.79
10/08/2014	PJM Creative 5022 Hackomiller Rd Garden Valley CA 95633 Reference No:	Mailer	3018.86	6889.79
10/14/2014	PJM Creative 5022 Hackomiller Rd Garden Valley CA 95633 Reference No:	Robo Calls	259.47	6889.79