Statement of Organization Recipient Committee			Type or print in ink					RECE	Balle Stamp	CAL	MENT OF ORGANIZIFORNIA 41	zation	
Stateme	nt Type	☐ Initial				□ Те	☐ Termination – See Part 5		SEP 30	M IO: 3		For Official Use Only	
-		Not yet qualified	or	List I.D. number:	ι	List I.D.	number:		\$1025 Pr -				
				#		#	##		OFFICE	OF			
•		,	,		4		1 1		THE OTY	CLEFX			
_		Date qualified as o	ommittee	Date qualified as committee		Dai	Date of Termination			CHT BEACH			
1. Com	ımittee	Information					2. Treasurer and	Oth	ier Prin	cipal Off	icers		management of
	OF COMMITT					***************************************	NAME OF TREASURER	,	***************************************	/	***************************************		***************************************
	Newport Beach Police Association						Damon Psaros						
Legis	Legislative Action Commitee						STREET ADDRESS (NO		•				***************************************
STREET	T ADDRESS /	NO PO ROY		***************************************	***************************************	······································	870 Santa Barbar	a Dr.	**************************************				
	STREET ADDRESS (NO P.O. BOX)						CITY			STATE	ZIP CODE	AREA CODE/P	
	Santa Bar	bara Dr.	****				Newport Beach	·····		Ca	92660	(949)644-37	30
CITY			STATE	ZIP CODE	AREA CODE	E/PHONE	NAME OF ASSISTANT TE	REASU	RER, IF ANY				
	Newport Beach Ca 92660 (949)644-3730						STREET ADDRESS (NO I	00.00		**************************************			
MAILING	G ADDRESS	(IF DIFFERENT)					STREET ADDRESS (NO.)	r.O. BC	/ <b>/</b> /				
							CITY			STATE	ZIP CODE	AREA CODE/P	HONE
OPTION	NAL: FAX / E-	MAIL ADDRESS	**************************************			***************************************							.,
							NAME OF PRINCIPAL OF	FICER	(S)	***************************************	***************************************	***************************************	***************************************
COUNT	COUNTY OF DOMICILE COUNTY WHER THAN COUNTY			E COMMITTEE IS ACTIVE IF DIFFERENT OF DOMICILE			Rachel Johnson (	P), V	/illiam Der	oweg (VP)	. Randv Quer	rv (Sec)	
•							STREET ADDRESS (NO F			3 ( )	, , , , , , , , , , , , , , , , , , , ,	., ()	***************************************
Orang	Orange						870 Santa Barbar	a Dr.					
Attach	additional in	formation on appropr	intaly labalad a	antinuatinu strus	_		CITY	<del>*************************************</del>	***************************************	STATE	ZIP CODE	AREA CODE/P	HONE
Audon	accidental III	топпавон он арргорг	татету таретец с	ommualion sneet	S.		Newport Beach		***************************************	Ca	92660	(949)644-373	30
I have	fication used all re y under the	asonable diligence laws of the State o	in preparing of California th	this statement a	and to the best	of my knov	vledge the information co	ontair	ned bereim	is true and c	omplete. I cer	tify under penalty o	of
Execute	ed on 09/3	0/2015			Ву								
		DATE			-		SIGNATUR	R. OF T	REASURER OF	ASSISTANT TRE	ASURER	***************************************	***************************************
Execute	ed on	DATE	***************************************		Ву	***************************************		~~~~	***************************************				
Evanit	24.22				_		SIGNATURE OF CONTROLLIN	IG OFFI	DEHÖLDER, CA	NDIDATE, OR ST	ATE MEASURE PRO	PONENT	
⊏xecute	ed on	DATE	······································		Ву	***************************************	SIGNATURE OF CONTROLLIN	G OFFI	CEHOLDER CA	NDIDATE OR ST	ATE MEASURE DOO	PONENT	*************************
Execute	ed on				By						I TONE ! NO!		
	***************************************	DATE		opresident et al.		***************************************	SIGNATURE OF CONTROLLIN	G OFFI	CEHOLDER, CA	NDIDATE, OR ST	ATE MEASURE PRO	PONENT	