

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Date Stamp RECEIVED 2016 NOV -1 AM 9:00 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	CALIFORNIA FORM 460
	Page <u>1</u> of <u>24</u>
	For Official Use Only

Statement covers period	Date of election if applicable: (Month, Day, Year)
from <u>07/01/2016</u>	
through <u>10/22/2016</u>	

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Controlled |
| <input type="radio"/> Recall
<i>(Also Complete Part 5)</i> | <input type="radio"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input checked="" type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |
| <input checked="" type="radio"/> Sponsored | |
| <input type="radio"/> Small Contributor Committee | |
| <input type="radio"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1319106

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Newport Beach Police Employees Association Political Action

STREET ADDRESS (NO P.O. BOX)
1121 L Street Suite 200

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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS
(916) 556-1233 / ordoslaw@jps.net

Treasurer(s)

NAME OF TREASURER
Wayne Ordos

MAILING ADDRESS
1121 L Street, Suite 200

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

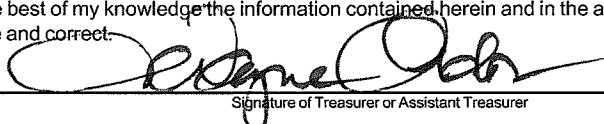
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/25/2016
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	07/01/2016	
through		Page 3 of 24
		I.D. NUMBER
		1319106

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newport Beach Police Employees Association Political Action

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 7,455.00	\$ 17,565.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 7,455.00	\$ 17,565.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 7,455.00	\$ 17,565.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ 56,349.98	\$ 73,399.98
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 56,349.98	\$ 73,399.98
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 56,349.98	\$ 73,399.98

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 54,704.19
13. Cash Receipts Column A, Line 3 above	7,455.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	56,349.98
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 5,809.21

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	07/01/2016	
through	10/22/2016	Page 4 of 24

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newport Beach Police Employees Association Political Action	I.D. NUMBER 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	Vladimir Anderson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Brandy Banks [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Jason Blakely [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	David Darling [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Marie Depweg [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	

SUBTOTAL \$ 675.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 7,455.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 7,455.00**

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2016	
through	10/22/2016	Page 5 of 24

NAME OF FILER Newport Beach Police Employees Association Political Action	I.D. NUMBER 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	Thu Do [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Anne Donnelly [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Shawn Dugan [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Jeremy Dutton [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Thomas Encheff [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
SUBTOTAL \$				675.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2016	
through	10/22/2016	Page 6 of 24

NAME OF FILER Newport Beach Police Employees Association Political Action	I.D. NUMBER 1319106
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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	David Fattal [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Devon Fitzgerald [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Garrett Fitzgerald [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Michael Fletcher [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Matthew Graham [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
SUBTOTAL \$				675.00		

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 (other than PTY or SCC)
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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2016	
through	10/22/2016	Page 7 of 24

NAME OF FILER Newport Beach Police Employees Association Political Action	I.D. NUMBER 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	William Hanson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Brice Hardy [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Richard Henry [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Joseph Horton [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Robert Hufford [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
SUBTOTAL \$				675.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2016	
through	10/22/2016	Page 8 of 24

NAME OF FILER Newport Beach Police Employees Association Political Action	I.D. NUMBER 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	William Hume [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Jason Hurd-Servin [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Christopher Kimble [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Richard Knight [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Wendy Koudelka [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
SUBTOTAL \$				675.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2016	
through	10/22/2016	Page 9 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	David Kresge [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Jennifer Kresge [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Scott Laruffa [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Troy Long [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Brian Mack [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
SUBTOTAL \$				675.00		

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 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2016	
through	10/22/2016	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 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	Dennis Maisano [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Jennifer Manzella [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Kyle Markwald [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Kjersti Martini [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Brian McDowell [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
SUBTOTAL \$				675.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2016	
through	10/22/2016	Page 11 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	Siavash Mesri [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	John Miller [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Thomas Monarch [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Jorge Neqrete [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 07/15/2016	Nicole O'Donnell [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	30.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	210.00	
SUBTOTAL \$				570.00		

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 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2016	
through	10/22/2016	Page 12 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	Anthony Olivas [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Jeffrey Perkins [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Christopher Pulliam [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Chris Rieff [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Bernadette Rosselit [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
SUBTOTAL \$				675.00		

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 (other than PTY or SCC)
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 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2016	
through	10/22/2016	Page 13 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	Sam Sa [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Paul Sarris [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Brian Schlottach [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	David Spenser [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Roland Stucken [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
SUBTOTAL \$				675.00		

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 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2016	
through	10/22/2016	Page 14 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	John Veale [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Todd Vinson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Matthew Wood [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	Anthony Yim [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
07/01/2016 10/21/2016	John Yim [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
SUBTOTAL \$				675.00		

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 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2016	
through	10/22/2016	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 [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	315.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				135.00		

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 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2016	
through	10/22/2016	Page <u>16</u> of <u>24</u>
NAME OF FILER Newport Beach Police Employees Association Political Action		I.D. NUMBER 1319106

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newport Beach Police Employees Association Political Action

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	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	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	4,299.10	16,045.88	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
09/29/2016	Lee Lowrey City Council Member Newport Beach District: 5	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	4,299.10	16,045.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
09/29/2016	Will O'Neill City Council Member Newport Beach District: 7	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	4,299.11	17,908.21	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				12,897.31		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 49,999.98
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 49,999.98

**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 from <u>07/01/2016</u> through <u>10/22/2016</u>	CALIFORNIA FORM 460
Page <u>17</u> of <u>24</u>	I.D. NUMBER 1319106

NAME OF FILER

Newport Beach Police Employees Association Political Action

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/06/2016	Brad Avery City Council Member Newport Beach District: 2	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	4,299.10	16,045.88	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/06/2016	Lee Lowrey City Council Member Newport Beach District: 5	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	4,299.10	16,045.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/06/2016	Will O'Neill City Council Member Newport Beach District: 7	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	4,299.11	17,908.21	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2016	Brad Avery City Council Member Newport Beach District: 2	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	3,102.34	16,045.88	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				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 FORM 460
from	07/01/2016	
through	10/22/2016	Page <u>18</u> of <u>24</u>
NAME OF FILER		I.D. NUMBER
Newport Beach Police Employees Association Political Action		1319106

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	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	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	3,102.35	16,045.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/10/2016	Will O'Neill City Council Member Newport Beach District: 7	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	3,102.35	17,908.21	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/14/2016	Brad Avery City Council Member Newport Beach District: 2	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,862.29	16,045.88	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/14/2016	Lee Lowrey City Council Member Newport Beach District: 5	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	1,862.29	16,045.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				9,929.28		

**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 FORM 460
from	07/01/2016	
through	10/22/2016	Page <u>19</u> of <u>24</u>
NAME OF FILER		I.D. NUMBER
Newport Beach Police Employees Association Political Action		1319106

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	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	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	3,724.58	17,908.21	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2016	Brad Avery City Council Member Newport Beach District: 2	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	2,483.05	16,045.88	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2016	Lee Lowrey City Council Member Newport Beach District: 5	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	2,483.05	16,045.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2016	Will O'Neill City Council Member Newport Beach District: 7	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	2,483.06	17,908.21	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				11,173.74		

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/2016	
through	10/22/2016	Page 20 of 24
NAME OF FILER		I.D. NUMBER
Newport Beach Police Employees Association Political Action		1319106

SEE INSTRUCTIONS ON REVERSE

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.	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
FL 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)*	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
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Wayne Ordos, Attorney at Law 1121 L Street, Suite 200 Sacramento, CA 95814-	PRO		850.00
P.M. Restaurants/Consulting Inc. 333 South Hope St. 8th Floor Los Angeles, CA 90071	CNS		1,000.00
Wayne Ordos, Attorney at Law 1121 L Street, Suite 200 Sacramento, CA 95814-	PRO		500.00

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

SUBTOTAL \$ 2,350.00

Schedule E Summary

1. 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.)	TOTAL \$ 56,349.98

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2016	
through	10/22/2016	Page 21 of 24
NAME OF FILER		I.D. NUMBER
Newport Beach Police Employees Association Political Action		1319106

SEE INSTRUCTIONS ON REVERSE

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.	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
IND	independent expenditure supporting/opposing others (explain)*	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
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION 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
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2016	
through	10/22/2016	Page 22 of 24
NAME OF FILER		I.D. NUMBER
Newport Beach Police Employees Association Political Action		1319106

SEE INSTRUCTIONS ON REVERSE

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.	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
IND	independent expenditure supporting/opposing others (explain)*	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
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PJM Creative 5022 Hackomiller Rd Garden Valley, CA 95633-	IND		Mailer	9,307.04
P.M. Restaurants/Consulting Inc. 333 South Hope St. 8th Floor Los Angeles, CA 90071	CNS			1,000.00
PJM Creative 5022 Hackomiller Rd Garden Valley, CA 95633-	IND		Mailer	7,449.16
PJM Creative 5022 Hackomiller Rd Garden Valley, CA 95633-	IND		Mailer	7,449.16

* 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.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2016	
through	10/22/2016	Page 23 of 24

SCHEDULE G

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newport Beach Police Employees Association Political Action	I.D. NUMBER 1319106
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 | 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)* | 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 |
| LIT 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			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 sheets.

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.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2016	
through	10/22/2016	Page 24 of 24

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newport Beach Police Employees Association Political Action	I.D. NUMBER 1319106
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 | 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)* | 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 |
| LIT 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.

TOTAL* \$ 2,400.00

* 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.