

**Statement of Organization  
(Slate Mailer Organization)**

(Government Code Sections 84100, 84101, 84103, 84104, 84108)

Type or Print in Ink

Amendment <input checked="" type="checkbox"/> Check box if an Amendment and enter I.D. number: # 1368498	2018 JUL 31 AM 10:03	STATEMENT OF ORGANIZATION <b>CALIFORNIA FORM 400</b>
Date qualified as a Slate Mailer Organization: (Month, Day, Year) 09/16/2014	OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	

Please check one box to indicate the organization's level of activity:

- CITY  
 STATE  
 COUNTY

File original and one copy of this form with:  
Secretary of State  
Political Reform Division  
1500 11th Street, Room 495  
Sacramento, CA 95814

And, if applicable, file one copy of this form with:  
The city or county officer, if any, with whom the organization must file its original campaign disclosure statements.

**I Slate Mailer Organization Information**

FULL NAME OF SLATE MAILER ORGANIZATION:

Neighborhood Preservation Coalition

STREET ADDRESS OF SLATE MAILER ORGANIZATION: (NO AND STREET)

c/o Lysa Ray 3843 S Bristol St #604

CITY STATE ZIP CODE COUNTY

Santa Ana CA 92704 Orange

MAILING ADDRESS OF FILER (IF DIFFERENT THAN ABOVE):

AREA CODE PHONE NUMBER

(714) 540-2295

OPTIONAL: FAX / E-MAIL ADDRESS

lysaray.campaignservices@gmail.com

**A** OFFICIAL USE ONLY

**B** OFFICIAL USE ONLY

**II Treasurer And Other Principal Officers**

POSITION	NAME AND PERMANENT ADDRESS	(AREA CODE) DAYTIME PHONE NO.
TREASURER	Lysa Ray 3843 S Bristol St #604 Santa Ana, CA 92704	(714) 540-2295
Officer	Lysa Ray 603 E Alton Ave STE H Santa Ana, CA 92705	(714) 540-2295

Attach additional information on appropriately labeled continuation sheets.

**Statement of Organization**  
**(State Mailer Organization)**

Type or Print in Ink

(Do not write in the Sections 84103, 94101, 84103, 84104, 94103)

STATEMENT OF ORGANIZATION

CALIFORNIA  
FORM **400**

Page 2 of 2

FULL NAME OF SLATE MAILER ORGANIZATION:  
Neighborhood Preservation Coalition

**III Individuals Who Authorize Contents Of Slate Mailers** (See instructions on reverse)

FULL NAME	ADDRESS (NO. AND STREET, CITY, STATE, ZIP CODE)	(AREA CODE) DAYTIME PHONE NO.
David Ellis	603 E Alton Ave STE H Santa Ana, CA 92705	(714) 540-2295

Attach additional information on appropriately labeled continuation sheets.


**IV Is This Organization A "Committee" Pursuant To Government Code Section 82013?**

YES (PROVIDE THE NAME AND, IF RECIPIENT COMMITTEE, THE IDENTIFICATION NUMBER OF THE COMMITTEE.)  NO

NAME \_\_\_\_\_ ID NO. \_\_\_\_\_

**V Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 7/25/2018 At Santa Ana, CA By   
DATE CITY AND STATE SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer Lysa Ray Title Treasurer  
TYPE OR PRINT