

**Statement of Organization
Recipient Committee**

COPY

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OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH		For Official Use Only

Statement Type

Initial
Not yet qualified or

_____/_____/_____
Date qualified as committee

Amendment

List I.D. number:
1243243

01 / 30 / 2002
Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number:

_____/_____/_____
Date of Termination

1. Committee Information

NAME OF COMMITTEE

Newport Beach Firefighters Association PAC

STREET ADDRESS (NO P.O. BOX)

3605 Long Beach Blvd., Suite 426

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90807	(562) 427-2100

MAILING ADDRESS (IF DIFFERENT)

PO Box 1695 Newport Beach, CA 92659

FAX / E-MAIL ADDRESS

info@olsonhagel.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles	City of Newport Beach

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Mike Mullen

STREET ADDRESS (NO P.O. BOX)

3605 Long Beach Blvd., Suite 426

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90807	(562) 427-2100

NAME OF ASSISTANT TREASURER, IF ANY

Bobby Salerno

STREET ADDRESS (NO P.O. BOX)

3605 Long Beach Blvd., Suite 426

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90807	(562) 427-2100

NAME OF PRINCIPAL OFFICER(S)

Bobby Salerno, Principal Officer

STREET ADDRESS (NO P.O. BOX)

3605 Long Beach Blvd., Suite

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90807	(562) 427-2100

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 6/30/2016 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 6/30/2016 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME

I.D. NUMBER

Newport Beach Firefighters Association PAC

1243243

2a. Additional Officers

NAME OF OTHER PRINCIPAL OFFICER(S)

Ed Wick, Principal Officer

MAILING ADDRESS

3605 Long Beach Blvd., Suite 426

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90807	(562) 427-2100

NAME OF OTHER PRINCIPAL OFFICER(S)

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF OTHER PRINCIPAL OFFICER(S)

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF OTHER PRINCIPAL OFFICER(S)

MAILING ADDRESS

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COMMITTEE NAME

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1243243

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo	AREA CODE/PHONE (949) 721-8437	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 5 Corporate Plaza Drive	CITY Newport Beach	STATE CA	ZIP CODE 92660

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 "nonpartisan."
- 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
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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 (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

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COMMITTEE NAME

Newport Beach Firefighters Association PAC

I.D. NUMBER

1243243

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

To support or oppose candidates, propositions and ballot measures which further the goals of the association

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Newport Beach Firefighters Association

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Membership organization

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

3300 Newport Blvd.

Newport Beach

CA

92663

Small Contributor Committee

Date qualified

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 expenditures 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.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.