STREET ADDRESS (NO P.O. BOX)  STATE ZIP CODE AREA CODE/PHONE  NEWPORT BEACH CA 92660 949.644.3730  MAILING ADDRESS (IF DIFFERENT)  (SAME)  E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  TMOROUSE @ NBBD. ORG  COUNTY OF DOMICILE  LURISDICTION WHERE COMMITTER IS ACTIVE  STREET ADDRESS (NO P.O. BOX)  (SAME)  CITY STATE ZIP CODE AREA CODE/PHONE  TMOROUSE @ NBBD. ORG	Statement of Organization	Date Stamp CALIFORNIA 410
O Not yet qualified of O Date qualified as committee Date qualified as committee Obate qualified as com		
Date qualified as committee    Date qualified as committee   Date of termination   Date	- Annother the second s	
Date qualified as committee  (if amplicable)	or	7018 JAN 23 PM 1: 21
1. Committee Information  1. D. Number (if applicable) 787-99-5  NAME OF TREASURES HOLD OF BEACH POLICE MANAGE MENT ASSOCIATION WEDGE ACTION COMMITTEE  STREET ADDRESS (NO PO. BOX)  870 SANTA BARBARA B.  CITY NAME OF TREASURES (NO PO. BOX)  870 SANTA BARBARA B.  CITY NEWPORT BEACH CA 97660 949-644-3736  MALIURA ADDRESS (IRCURRED) FAN (OPPIONAL)  TORQUISE & NBFR. ORB COUNTY DE DOMICE  OUNTY DE DOMICE  OUNTY DE DOMICE  AREA CODE/PHONE  NAME OF TREASURES (IN PO. BOX)  870 SANTA BARBARA B.  CITY NEWPORT BEACH CA 97660 949-644-3736  CITY STREET ADDRESS (IN COURS ) FAN (OPPIONAL)  TORQUISE & NBFR. ORB COUNTY DE DOMICE  OUNTY DE DOMICE  OUNTY DE DOMICE  OUNTY DE DOMICE  AREA CODE/PHONE  NAME OF TREASURES (IN PO. BOX)  (SAME)  THE ADDRESS (IN COURS ) FAN (OPPIONAL)  TORQUISE & NBFR. ORB COUNTY DE DOMICE  OUNTY DE DOMICE  OUNTY DE DOMICE  AREA CODE/PHONE  NAME OF TREASURES (IN PO. BOX)  STREET ADDRESS (IN PO. BO	O Date qualified as committee — / — / — — — — — — — — — — — — — — —	te of termination
NAME OF TOMANITTEE  NEWPORT BEACH POLICE MANAGEMENT ASSOCIATION  STREET ADDRESS INFO PO. BOX  STREET AD	(If amending to provide this date)	ALE OLA CLERK
NAME OF TREASURER NO POLICE MANAGEMENT ASSOCIATION  CEGAL ACTION COMMITTEE  STREET ADDRESS (NO PO. BOX)  MULLING ADDRESS (RO FO. BOX)  MULLING ADDRESS (RO FO. BOX)  STREET ADDRESS (NO PO. BOX)  COUNTY OF DOMICLE  ORANGE  JURISDICTION WHERE COMMITTEE IS ACTIVE  ORANGE  AREA CODE/PHONE  NAME OF TREASURER, IF ANY  N/A  STREET ADDRESS (NO PO. BOX)  STREET ADDRESS (N	1. Committee Information I.D. Number (if applicable)	2. Treasurer and Other Principal Officers
STREET ADDRESS (NO PO. BOX)  STATE  VEWPORT BEACH  A 92660 949.644.3730  NAME OF ASSISTANT TREASURER, IF ANY  N/A  STREET ADDRESS (NO PO. BOX)  STATE  VEWPORT BEACH  A 92660 949.644.3730  NAME OF ASSISTANT TREASURER, IF ANY  N/A  STREET ADDRESS (NO PO. BOX)  STATE  STATE  VEWPORT BEACH  A 92660 949.644.3730  NAME OF ASSISTANT TREASURER, IF ANY  N/A  STREET ADDRESS (NO PO. BOX)  STATE  VEWPORT BEACH  CITY  STATE  VEWPORT BEACH  AREA CODE/PHONE  STREET ADDRESS (NO PO. BOX)  STR		
STREET ADDRESS (NO PO. BOX)  870 SAMA BARBAM IR.  CITY  STATE  2IP CODE  AREA CODE/PHONE  MALLING ADDRESS (IF DIFFERENT)  COUNTY OF DOMICILE  ORANGE  AREA CODE/PHONE  ORANGE  AREA CODE/PHONE  TITY  STATE	LEGAL ACTION COMMITTEE	JUSTIN MOROUSE
STONE BARBAN DR.  STATE SIP CODE AREA CODE/PHONE  NAME OF ASSISTANT TREASURER, IF ANY  NAME OF ASSISTANT TREASURER, IF ANY  NAME OF ASSISTANT TREASURER, IF ANY  NAME OF PRINCIPAL OFFICERIS)  STREET ADDRESS (IND P.D. BOX)  STREET ADDRESS (IND P.D. B	ECOME METION SOFTIME	870 Canga Rango Ca
NAME OF ASSISTANT TREASURER, IF ANY  NAME OF ASSISTANT TREASURER IS ANY  NAME OF ASSISTANT TREASURER  NAME OF ASSISTANT TREASURER IS ANY  NAME OF ASSISTANT TREASURER	STREET ADDRESS (NO P.O. BOX)	CITY STATE ZIP CODE AREA CODE/PHONE
MAILING ADDRESS (REQUIRED) / FAX (OPTIONAL)  STATE ZIP CODE AREA CODE/PHONE  MAILING ADDRESS (REQUIRED) / FAX (OPTIONAL)  STREET ADDRESS (REQUIRED) / FAX (OPTIONAL)  MAME OF PRINCIPAL OFFICER(S)  KEITH KNAWMAN (P), ERIC LITTLE (VP), BOREM BENNET (SEC.)  STREET ADDRESS (NO PO. BOX)  STREET	870 SANTA BARBAM DR.	NEWPORT BEACH CA 92660 949.644.3730
MAILING ADDRESS (IF DIFFERENT)  E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  TMOROUSE @ NBPD. ORG  COUNTY OF DOMICILE  ORANGE  JURISDICTION WHERE COMMITTEE IS ACTIVE  MAME OF PRINCIPAL OFFICER(S)  KEITH WALLMAN (P) ERIC LITTLE (VP) BORENT BENNETT (SEC.)  STREET ADDRESS (NO P.O. BOX)  STREET ADDRESS (NO P.O	CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY
(SAME)  E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  TMOROUSE ONBED. ORG  COUNTY OF DOMICILE  ORANGE  JURISDICTION WHERE COMMITTEE IS ACTIVE  ORANGE  NAME OF PRINCIPAL OFFICER(S)  KEITH KALUMAN (P), ERIC LITTLE (VI), BREAT BEAWETT (SEC.)  STREET ADDRESS (NO P.O. BOX)  870 SANTA BARBARA OR.  CITY  STATE ZIP CODE AREA CODE/PHONE  AREA CODE/PHONE  ORANGE  AREA CODE/PHONE  STREET ADDRESS (NO P.O. BOX)  870 SANTA BARBARA OR.  CITY  STATE  ZIP CODE  AREA CODE/PHONE  ORANGE  STATE  STATE  STATE  STATE  ZIP CODE  AREA CODE/PHONE  ORANGE  STATE		N/A
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  TMOROUSE @ NBFP. ORG  COUNTY OF DOMICILE  ORANGE  JURISDICTION WHERE COMMITTEE IS ACTIVE  ORANGE  NAME OF PRINCIPAL OFFICER(S)  KEITH WALLMAN (P) ERIC LITTLE (VP) ROBERT BENNET (SEC.)  STREET ADDRESS (NO P.O. BOX)  870 SANTA BARBANS OR.  CITY  STATE  ZIP CODE  AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  ORANGE  NAME OF PRINCIPAL OFFICER(S)  KEITH WALLMAN (P) ERIC LITTLE (VP) ROBERT BENNET (SEC.)  STREET ADDRESS (NO P.O. BOX)  STREET ADDRESS (NO P.O. BOX)  870 SANTA BARBANS OR.  CITY  STATE  ZIP CODE  AREA CODE/PHONE  AREA CODE/PHONE  ORANGE  STREET ADDRESS (NO P.O. BOX)  STREET ADDRESS (NO P.O. BOX)  BY  STREET ADDRESS (NO P.O. BOX)  STREET ADDRESS (NO P.O. BOX)  BY  STREET ADDRESS (NO P.O. BOX)	MAILING ADDRESS (IF DIFFERENT)	
NAME OF PRINCIPAL OFFICER(S)  WEITH WALLMAN (P), ERIC LITTE (VP) PARENT BENNETT (SEC.)  STREET ADDRESS (NO P.O. BOX)  STREET ADDRESS (NO P.O. BOX)  Attach additional information on appropriately labeled continuation sheets.  ORANTA BARBARA OR.  CITY  STATE  ZIP CODE  AREA CODE/PHONE  AREA CODE/	E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)	
NAME OF PRINCIPAL OFFICER(S)  NAME OF PRINCIPAL OFFICER(S)  KEITH WALLMAN (P), ERIC LITTE (VP) PARENT BENNETT (SEC.)  STREET ADDRESS (NO P.O. BOX)  870 SANTA BARBARA OR.  CITY STATE ZIP CODE AREA CODE/PHONE  AR	IMOROUSE @ NBPD. ORG	
Attach additional information on appropriately labeled continuation sheets.  Attach additional information on appropriately labeled continuation sheets.  STREET ADDRESS (NO P.O. BOX)  870 SANTA BARBARA OR.  CITY  NEWPORT BEACH  CA 92660 949-644-3730  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   DATE  By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER  Executed on By	COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)
Attach additional information on appropriately labeled continuation sheets.    STATE   ZIP CODE   AREA CODE/PHONE	DRANGE	
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Executed on	I have used all reasonable diligence in preparing this statement and to the best of	
Executed on By	penalty of perjury under the laws of the State of California that the foregoing is tr	rue and correct.
Executed on By		<u> </u>
DATE		TURE OF TREASURER OR ASSISTANT TREASURER
	2475	ING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on By		
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Executed onBy		LING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (May/2017)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov