Statement of Recipient Con	•		COPY	•	RFC Date	Stamp	· I I I I I I I I I I I I I I I I I I I	ORNIA 410	
Statement Type	▼ Initial Not yet qualified ☐ or 10 / 30 / 2000 Date qualified as committed		List I.D. r	mination – See Part 5 number: //_ e of Termination		DE OF Y CLERK	l: 52	or Official Use Only	
1. Committee I NAME OF COMMITTE Newport Beach STREET ADDRESS (EE Firefighters Associa	tion PAC		2. Treasurer and On NAME OF TREASURER Mike Mullen STREET ADDRESS (NO P.O.		al Offic	cers		
3605 Long Beach COTY Long Beach MAILING ADDRESS (ODE/PHONE 427-2100	3605 Long Beach Blvd CITY Long Beach NAME OF ASSISTANTTREASU	d., Suite 426	STATE CA	ZIP CODE 90807	AREA CODE/PHONE (562)427-2100	
PO Box 1695 No FAX / E-MAIL ADDRE info@olsonhage COUNTY OF DOMICI	el.com	01CTION WHERE COMMITTEE IS ACTIVE		Bobby Salerno STREET ADDRESS (NO P.O. 3605 Long Beach Blvd	•	STATE	ZIP CODE	AREA CODE/PHONE	
City of NewportBeach Attach additional information on appropriately labeled continuation sheets.				Long Beach NAME OF PRINCIPAL OFFICER(S) Bobby Salerno, Principal Officer STREET ADDRESS (NO P.O. BOX) 3605 Long Beach Blvd., Suite 426 CITY STATE ZIP CODE AREA CODE/PHON Long Beach CA 90807 (562)427-2100					
3. Verification I have used all repenalty of perjury Executed on Executed on	asonable diligence in pre under the laws of the St 3/6/2018 DATE	eparing this statement and to the base of California that the foregoing By	g is true and co	wledge the information con prect. REASURER OR ASSISTANT TREASUR CEHOLDER, CANDIDATE, OR STATE M	RER		complete. I ce		

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Statement of Organization Recipient Committee

CALIFORNIA 410

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

Newport Beach Firefighters Association PAC

1243243

NAME				NAME			
Ed Wick, Principal Offic	er						
MAILING ADDRESS	•			MAILING ADDRESS			
3605 Long Beach Blvd., S	uite 426			•			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90807	(562)427-2100		*		
NAME				NAME			
MAILING ADDRESS				MAILING ADDRESS		·	
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
NAME				NAME :			
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CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NSTRUCTIONS ON REVERSE	•			FORM 410
COMMITTEE NAME				Page 3 of 4
				I.D. NUMBER
Newport Beach Firefighters Association PAC				1243243
All committees must list the financial institution where the campaign ba	nk account is located.			
NAME, OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOU	NT NUMBER	·
Firefighters First Credit Union	(800) 231-1626			
ADDRESS	CITY	STATE	ZIP CODE	
815 Colorado Blvd.	Los Angeles	CA	90041	
 List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election. List the political party with which each officeholder or candidate is 	s affiliated or check "nonpartisan.	n .		e office sought or held, and
 If this committee acts jointly with another controlled committee, li 	st the name and identification nu	mber of the other cont	rolled committee.	
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOI (INCLUDE DISTRICT NUMB		YEAR OF ELECTION	PAR TY
				Nonpartisan
				Nonpartisan
Primarily Formed Committee Primarily formed to support or oppose s	pecific candidates or measures in a sir	ngle election. List below:		
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR	LETTER) CANDIDATE(S) O	PFFICE SOUGHT OR HELD O	R MEASURE(S) JURISDICTION DUNTY, AS APPLICABLE)	CHECK ONE

SUPPORT

SUPPORT

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OPPOSE

Statement of Organization Recipient Committee

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INSTRUCTIONS ON REVERSE				
				Page 4 of 4
COMMITTEE NAME				I.D. NUMBER
Newport Beach Firefighters Association PAC	1243243			
4. Type of Committee (Continued)				
General Purpose Committee Not formed to support or oppose ☐ COU	specific candidates or mea	sures in a single election. Check only one TATECommittee	box:	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY				
To support or oppose candidates, propositions and bal	lot measures which	Turther the goals of the associ	ation	
Sponsored Committee List additional sponsors on an attachmen	nt.			
NAME OF SPONSOR	INDUSTR	Y GROUP OR AFFILIATION OF SPONSOR		
Newport Beach Firefighters Association	Member	ship organization		
STREET ADDRESS NO. AND STREET	CITY	STATE	ZIP CODE	
3300 Newport Blvd.	Newport Beac	h 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.