

# Statement of Organization Recipient Committee

(Government Code Sections 84101-84103)

## WHERE TO FILE:

File original and one copy of this form with:  
 Secretary of State  
 Political Reform Division  
 P.O. Box 1467  
 Sacramento, CA 95812-1467

And, if applicable, file one copy of this form with:  
 The city or county officer, if any, who receives the committee's original campaign disclosure statements.

## STATEMENT OF ORGANIZATION

Date Stamp  
**RECEIVED**

05 APR 14 11:50

OFFICE OF THE CITY CLERK  
CITY OF NEWPORT BEACH

CALIFORNIA  
LEGISLATURE  
**410**

For Official Use Only

Type or print in ink

### Amendment

Check box if an Amendment and enter I.D. number:

# 1222121

SEE INSTRUCTIONS ON REVERSE

### I Committee Information

Date Qualified as Committee (Month, Day, Year) 6/1/00  Check box if not yet qualified

NAME OF COMMITTEE  
NEWPORT BEACH POLICE ASSOCIATION  
 VOTER AWARENESS COMMITTEE

ADDRESS OF COMMITTEE (NOT P.O. BOX) NO. AND STREET

870 SANTA BARBARA  
 CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

NEWPORT BEACH CA 92660 (951) 244-9919

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

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

P.O. Box 9576  
 CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

NEWPORT BEACH CA 92658 (951) 244-9919

### II Treasurer and Other Principal Officers

NAME OF TREASURER

RACHEL HALL

MAILING ADDRESS

P.O. Box 9576

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

NEWPORT BEACH CA 92658 (951) 244-9919

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S)

STEVE MARTINEZ, CHAIRMAN

MAILING ADDRESS

P.O. Box 9576

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

NEWPORT BEACH CA 92658 (951) 244-9919

Attach additional information on appropriately labeled continuation sheets.

### III Disposition of Surplus Funds You must specify what disposition will be made of leftover campaign funds, if any, at termination.

DONATE TO LOCAL CHARITY

### IV 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 4/13/05 At Newport Beach, CA

By [Signature]  
 SIGNATURE OF TREASURER

Executed on 4/13/05 At NEWPORT BEACH, CA

By [Signature]  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_

By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_

By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

CALIFORNIA  
SOURCES 410

Statement of Organization  
Recipient Committee

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Page 2

I.D. NUMBER (IF AMENDMENT)

NAME OF COMMITTEE

NEWPORT BEACH POLICE ASSOCIATION VOTER AWARENESS COMMITTEE

1222121

V Type of Committee Completing This Statement:

COMPLETE THE APPLICABLE SECTION(S). MORE THAN ONE CATEGORY MAY BE APPLICABLE TO YOUR COMMITTEE. SEE REVERSE FOR IMPORTANT INFORMATION AND DEFINITIONS OF THE COMMITTEES LISTED BELOW.

**Controlled Committee**

- If this committee is controlled by one or more officeholder(s) or candidate(s), list the name of each controlling officeholder or candidate. Also list the elective office sought or held, and district number, if any, for each individual.
- If this committee is controlled by one or more officeholder(s) or candidate(s) for partisan office, list the political party with which each officeholder or candidate is affiliated. An officeholder or candidate not holding or seeking a partisan office must indicate "non-partisan."
- If this committee is controlled by a state measure proponent, list the name of the state measure proponent. If this committee is controlled by more than one state measure proponent, list the name of each state measure proponent.
- 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/COMMITTEE	PARTY	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)

**Primarily Formed Committee**

If primarily formed to support or oppose specific candidates or measures, list the candidates or measures 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

**General Purpose Committee**

If not formed to support or oppose specific candidates or measures, check ONE box to indicate if this is a:  CITY Committee or  COUNTY Committee or  STATE Committee  
 PROVIDE BRIEF DESCRIPTION OF ACTIVITY

SUPPORT/OPPOSE NEWPORT BEACH CITY COUNCIL CANDIDATES AND BALLOT MEASURES

**Sponsored Committee**

Provide the name and address of the sponsor. If the committee has more than one sponsor, provide names and addresses on appropriately labeled attachment.

NAME OF SPONSOR: NEWPORT BEACH POLICE EMPLOYEES ASSOCIATION	INDUSTRY GROUP OR AFFILIATION OF SPONSOR:
ADDRESS OF SPONSOR: NO. AND STREET CITY STATE ZIP CODE P.O. BOX 9576 NEWPORT BEACH CA 92658	

**Broad Based Committee**

If this is a broad based committee and wishes to make contributions to candidates in excess of the \$2,500 contribution limit in connection with a special election, check the box below and enter the date on or before which the committee qualified as a broad based committee. (If the committee is not a broad based committee, or does not wish to make contributions in excess of the \$2,500 limit, do not complete this section.)

- Check box if this is a broad based committee. Enter the date on or before which the committee qualified as a broad based committee: \_\_\_\_\_ (Month, Day, Year)
- Check box if this committee no longer qualifies as a broad based committee.