

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded to
whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>07/01/2014</u> through <u>10/18/2014</u> Date of election if applicable (Month, Day, Year) <u>11/04/2014</u>	RECEIVED 2014 OCT 24 AM 10:24 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	CALIFORNIA FORM 465 Page <u>1</u> of <u>2</u> For Official Use Only
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Amendment (Explain Below)

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1243243

COMMITTEE/FILER'S NAME
Newport Beach Firefighters Association PAC

STREET ADDRESS (NO P.O. BOX)
California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426

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

OPTIONAL: FAX/E-MAIL ADDRESS
johnkluve@gmail.com

Treasurer (If recipient committee)
John Kluve

NAME OF TREASURER
John Kluve

MAILING ADDRESS
California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426

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

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE <u>Tim Brown</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>Newport Beach City Council 2</u>	CHECK ONE	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER JURISDICTION	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>

3. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)
10/15/2014	Tim Brown for Council 2014 562 Vista Flora Newport Beach, CA 92660	Literature & Postage	\$6,390.62	\$6,390.62

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<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>	Report covers period from <u>07/01/2014</u> through <u>10/18/2014</u>	Date Stamp 	CALIFORNIA FORM 465 Page <u>2</u> of <u>2</u> For Official Use Only
	Date of election if applicable: (Month, Day, Year) <u>11/04/2014</u>		

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.).....	<u>\$6,390.62</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	<u>\$0.00</u>
3. Total independent expenditures made this period (Add Lines 1+2.)	<u>\$6,390.62</u>
TOTAL	

5. Filing Officers *Enter name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.*

1) NAME OF FILING OFFICER		
City of Newport Beach		
ADDRESS (NO. AND STREET)		
100 Civic Center Dr.		
CITY	STATE	ZIP CODE
Newport Beach	CA	92660

6. Verification


I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefited from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing 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 10/17/14
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT