

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

<input checked="" type="checkbox"/> Amendment (Explain Below) Correct payee information	Report covers period from 07/01/2014 through 10/18/2014	Date Stamp RECEIVED 2014 NOV 20 AM 10:13 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	CALIFORNIA FORM 465 Page 1 of 2 For Official Use Only
	Date of election if applicable: (Month, Day, Year) 11/04/2014		

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
Long Beach	CA	90807	(562) 427-2100

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

Treasurer (If recipient committee)

NAME OF TREASURER
John Kluve

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

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

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE Tim Brown NAME OF BALLOT MEASURE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Newport Beach City Council 2 BALLOT NO./LETTER JURISDICTION	CHECK ONE	
		SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input 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	Firefighters Print & Design 1780 Creekside Oaks Dr. Sacramento, CA 95833	LIT supporting Tim Brown for Council 2014	\$72.88	\$6,390.62
10/15/2014	Firefighters Print & Design 1780 Creekside Oaks Dr. Sacramento, CA 95833	POS supporting Tim Brown for Council 2014	\$6,317.74	\$6,390.62
10/15/2014	Subvendor payment: \$6,317.74 to US Post Office 3101 W. Sunflower Ave. Santa Ana, CA 92799	POS supporting Tim Brown for Council 2014	\$0.00	\$0.00

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	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.).....	\$6,390.62
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$0.00
3. Total independent expenditures made this period (Add Lines 1+2.)	TOTAL \$6,390.62

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 11/6/14
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