

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink

RECEIVED

COVER PAGE

CALIFORNIA
2001/02
FORM **460**

Page 1 of 12

For Official Use Only

Statement covers period
from 10/19/2014
through 12/31/2014

Date of election if applicable:
(Month, Day, Year)

Date Stamp
2015 FEB - 5 PM
OFFICE OF
THE CITY CLERK
CITY OF NEWPORT BEACH

1. Type of Recipient Committee: All Committees- Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/ Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement-Attach Form 495

3. Committee Information

I.D. NUMBER
1243243

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
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> |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO Box 1695

| | | | |
|----------------------|-----------|--------------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Newport Beach</u> | <u>CA</u> | <u>92659</u> | |

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

Treasurer(s)

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> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 2/11/15
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By John Kluve
Signature of 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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline:
866/ASK-FPPC
(866/275-3772)
State of California

**Recipient Committee
Campaign Statement
Cover Page-Part 2**

Type or print in ink

COVER PAGE-PART 2

| | | |
|-------------------|----------|--------------|
| CALIFORNIA | | 460 |
| FORM | | |
| Page | <u>2</u> | of <u>12</u> |

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

| | |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

| | |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

| | |
|-------------------|------------------------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
|-------------------|------------------------------|

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|----------------------------------|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT |
| | | <input type="checkbox"/> OPPOSE |

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| | |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

| | | |
|-----------------------------------|-----------------------|----------------------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT |
| | | <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

| | |
|--|--|
| Statement covers period from <u>10/19/2014</u> through <u>12/31/2014</u> | CALIFORNIA FORM 460 Page <u>3</u> of <u>12</u> |
|--|--|

NAME OF FILER

Newport Beach Firefighters Association PAC

I.D. NUMBER

1243243

Contributions Received

| | Column A Total This Period (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$0.00 | \$17,058.00 |
| 2. Loans Received..... Schedule B, Line 3 | \$0.00 | \$0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+ 2 | \$0.00 | \$17,058.00 |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | \$0.00 | \$930.89 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$0.00 | \$17,988.89 |

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | _____ | _____ |
| 21. Expenditures Made | _____ | _____ |

Expenditures Made

| | Column A | Column B |
|--|-------------|-------------|
| 6. Payments Made..... Schedule E, Line 4 | \$21,122.81 | \$34,410.05 |
| 7. Loans Made..... Schedule H, Line 3 | \$0.00 | \$0.00 |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$21,122.81 | \$34,410.05 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | \$0.00 | \$0.00 |
| 10. Nonmonetary Adjustment.....Schedule C, Line 3 | \$0.00 | \$930.89 |
| 11. TOTAL EXPENDITURES MADE.....Add Lines 8 +9 + 10 | \$21,122.81 | \$35,340.94 |

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made *
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yyyy) | Total to Date |
|----------------------------------|---------------|
| | |

Current Cash Statement

| | |
|--|-------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16 | \$84,758.76 |
| 13. Cash Receipts.....Column A, Line 3 above | \$0.00 |
| 14. Miscellaneous Increases to Cash.....Schedule I, Line 4 | \$0.07 |
| 15. Cash Payments.....Column A, Line 8 above | \$21,122.81 |
| 16. ENDING CASH BALANCE Add Lines 12+13+14, then subtract Line 15 | \$63,636.02 |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in schedule B.

If this is a termination statement, Line 16 must be zero.

| | |
|--|--------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$0.00 |
|--|--------|

Cash Equivalents and Outstanding Debts

| | |
|---|--------|
| 18. Cash Equivalents..... See instructions on reverse | \$0.00 |
| 19. Outstanding Debts.....Add Line 2+Line 9 in Column B above | \$0.00 |

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D

| | |
|-------------------------|--------------------------------|
| Statement covers period | CALIFORNIA FORM 460 |
| from 10/19/2014 | |
| through 12/31/2014 | |
| Page 4 of 12 | |

NAME OF FILER
Newport Beach Firefighters Association PAC

I.D. NUMBER
1243243

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT/FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------|---|--|---|--------------------------|---|------------------------------------|
| 11/01/2014 | Tim Brown Newport Beach City Council 2 | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | POS supporting Tim Brown for Council 2014 | \$3,158.87 | \$16,952.03 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 11/01/2014 | Tim Brown Newport Beach City Council 2 | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | LIT supporting Tim Brown for Council 2014 | \$3,140.85 | \$16,952.03 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 11/01/2014 | Tim Brown Newport Beach City Council 2 | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | LIT supporting Tim Brown for Council 2014 | \$754.17 | \$16,952.03 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL \$7,053.89

Schedule D Summary

| | |
|---|--------------------------|
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... | \$21,122.81 |
| 2. Unitemized contributions and independent expenditures made this period of under \$100..... | \$38,717.12 |
| 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... | TOTAL \$59,839.93 |

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D

| | | |
|-------------------------|--------------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 10/19/2014 | through 12/31/2014 | |
| | | Page 5 of 12 |

NAME OF FILER
Newport Beach Firefighters Association PAC

I.D. NUMBER
1243243

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT/FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------|---|--|--|--------------------------|---|------------------------------------|
| 11/01/2014 | Mike Toerge Newport Beach City Council 6 | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | LIT supporting Mike Toerge for City Council 2014 | \$3,140.85 | \$16,952.02 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 11/01/2014 | Mike Toerge Newport Beach City Council 6 | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | POS supporting Mike Toerge for City Council 2014 | \$3,158.87 | \$16,952.02 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 11/01/2014 | Mike Toerge Newport Beach City Council 6 | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | LIT supporting Mike Toerge for City Council 2014 | \$754.16 | \$16,952.02 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL \$7,053.88

Schedule D Summary

| | |
|---|--------------------------|
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... | \$21,122.81 |
| 2. Unitemized contributions and independent expenditures made this period of under \$100..... | \$38,717.12 |
| 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... | TOTAL \$59,839.93 |

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D

| | | |
|-------------------------|--------------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 10/19/2014 | through 12/31/2014 | |
| | | Page 6 of 12 |

NAME OF FILER
Newport Beach Firefighters Association PAC

I.D. NUMBER
1243243

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT/FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------|---|--|--|--------------------------|---|------------------------------------|
| 11/01/2014 | Mike Toerge Newport Beach City Council 6 | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | LIT supporting Mike Toerge for City Council 2014 | \$2,625.39 | \$16,952.02 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 11/01/2014 | Tim Brown Newport Beach City Council 2 | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | LIT supporting Tim Brown for Council 2014 | \$2,625.40 | \$16,952.03 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 11/01/2014 | Mike Toerge Newport Beach City Council 6 | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | PRT supporting Mike Toerge for City Council 2014 | \$882.13 | \$16,952.02 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL \$6,132.92

Schedule D Summary

| | |
|---|--------------------------|
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... | \$21,122.81 |
| 2. Unitemized contributions and independent expenditures made this period of under \$100..... | \$38,717.12 |
| 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... | TOTAL \$59,839.93 |

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D

| | |
|-------------------------|--------------------------------|
| Statement covers period | CALIFORNIA FORM 460 |
| from 10/19/2014 | |
| through 12/31/2014 | |
| Page 7 of 12 | |

NAME OF FILER
Newport Beach Firefighters Association PAC

I.D. NUMBER
1243243

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT/FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------|---|--|---|--------------------------|---|------------------------------------|
| 11/01/2014 | Tim Brown Newport Beach City Council 2 | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | PRT supporting Tim Brown for Council 2014 | \$882.12 | \$16,952.03 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

| | |
|-----------------|-----------------|
| SUBTOTAL | \$882.12 |
|-----------------|-----------------|

Schedule D Summary

| | |
|---|--------------------------|
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... | \$21,122.81 |
| 2. Unitemized contributions and independent expenditures made this period of under \$100..... | \$38,717.12 |
| 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... | TOTAL \$59,839.93 |

**Schedule E
Payments Made**

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

SCHEDULE E

| | | |
|-------------------------|--------------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 10/19/2014 | through 12/31/2014 | |
| | | Page 8 of 12 |

NAME OF FILER
Newport Beach Firefighters Association PAC

I.D. NUMBER
1243243

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|-----------------|----|--|-------------|
| Firefighters Print & Design 1780 Creekside Oaks Dr. Sacramento, CA 95833 | IND | | LIT supporting Mike Toerge for City Council 2014 | \$6,520.40 |
| Firefighters Print & Design 1780 Creekside Oaks Dr. Sacramento, CA 95833 | IND | | LIT supporting Tim Brown for Council 2014 | \$6,520.42 |
| (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | SUBTOTAL | | | \$13,040.82 |

Schedule E Summary

| | |
|--|--------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$21,122.81 |
| 2. Unitemized payments made this period of under \$100..... | \$0.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... TOTAL | \$21,122.81 |

**Schedule E
Payments Made**

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

SCHEDULE E

| | | |
|-------------------------|--------------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 10/19/2014 | through 12/31/2014 | |
| | | Page 9 of 12 |

NAME OF FILER
Newport Beach Firefighters Association PAC

I.D. NUMBER
1243243

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|--|-------------|
| Firefighters Print & Design 1780 Creekside Oaks Dr. Sacramento, CA 95833 | IND | POS supporting Mike Toerge for City Council 2014 | \$3,158.87 |
| Firefighters Print & Design 1780 Creekside Oaks Dr. Sacramento, CA 95833 | IND | POS supporting Tim Brown for Council 2014 | \$3,158.87 |

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

SUBTOTAL \$6,317.74

Schedule E Summary

| | |
|--|-------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$21,122.81 |
| 2. Unitemized payments made this period of under \$100..... | \$0.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... TOTAL | \$21,122.81 |

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule E
Payments Made**

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

SCHEDULE E

| | |
|---|--------------------------------|
| Statement covers period | CALIFORNIA FORM 460 |
| from <u>10/19/2014</u> through <u>12/31/2014</u> | |
| Page <u>10</u> of <u>12</u> | |

NAME OF FILER
Newport Beach Firefighters Association PAC

I.D. NUMBER
1243243

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|--|-------------|
| The Daily Pilot 1375 Sunflower Ave. Costa Mesa, CA 92626 | IND | | PRT supporting Mike Toerge for City Council 2014 | \$882.13 |
| The Daily Pilot 1375 Sunflower Ave. Costa Mesa, CA 92626 | IND | | PRT supporting Tim Brown for Council 2014 | \$882.12 |

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

SUBTOTAL \$1,764.25

Schedule E Summary

| | |
|--|-------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$21,122.81 |
| 2. Unitemized payments made this period of under \$100..... | \$0.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... TOTAL | \$21,122.81 |

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

SCHEDULE G

| | |
|--|---|
| Statement covers period from <u>10/19/2014</u> through <u>12/31/2014</u> | CALIFORNIA FORM 460 Page <u>11</u> of <u>12</u> |
|--|---|

| | |
|--|------------------------|
| NAME OF FILER Newport Beach Firefighters Association PAC | I.D. NUMBER 1243243 |
| NAME OF AGENT OR INDEPENDENT CONTRACTOR Firefighters Print & Design | |

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|---|-------------|
| US Post Office 3101 W. Sunflower Ave. Santa Ana, CA 92799 | | IND: POS supporting Mike Toerge for City Council 2014 | \$3,158.87 |
| US Post Office 3101 W. Sunflower Ave. Santa Ana, CA 92799 | | IND: POS supporting Tim Brown for Council 2014 | \$3,158.87 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$6,317.74

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

| | |
|--|---|
| Statement covers period from <u>10/19/2014</u> through <u>12/31/2014</u> | CALIFORNIA FORM 460 Page <u>12</u> of <u>12</u> |
|--|---|

NAME OF FILER
Newport Beach Firefighters Association PAC

I.D. NUMBER
1243243

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$0.00

Schedule I Summary

| | |
|--|---------------------|
| 1. Itemized increases to cash this period..... | \$0.00 |
| 2. Unitemized increases to cash of under \$100 this period..... | \$0.07 |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... | \$0.00 |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... | TOTAL \$0.07 |