

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.

Report covers period from <u>01/01/2010</u> through <u>10/16/2010</u>	Date Stamp RECEIVED 2011 JAN 31 AM 11:03 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>11/02/2010</u>	Page <u>1</u> of <u>2</u>	For Official Use Only

Amendment (Explain Below)

ADDITIONAL EXPENDITURE

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)

c/o MILLER, KAPLAN, ARASE & CO., LLP 4123 LANKERSHIM BLVD

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>NORTH HOLLYWOOD</u>	<u>CA</u>	<u>91602</u>	<u>(818) 769-2010</u>

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

PHILIP PUHEK

MAILING ADDRESS

P.O. BOX 1695

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>NEWPORT BEACH</u>	<u>CA</u>	<u>92659</u>	<u>(949) 472-6154</u>

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

LESLIE DAIGLE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

NEWPORT BEACH CITY COUNCIL

CHECK ONE

SUPPORT	OPPOSE
<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUPPORT	OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

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)
10/4/2010	FIREFIGHTERS PRINT & DESIGN 1780 CREEKSIDE OAKS DR. SACRAMENTO, CA 95833	POSTCARD MAILER	6190.53	6190.53
10/12/2010	FED EX OFFICE 230 NEWPORT CENTER DR. NEWPORT BEACH, CA 92660	WALK LIST	100.43	6290.96
10/12/2010	STATEWIDE INFORMATION SYSTEMS 2309 K ST., SUITE 200 SACRAMENTO, CA 95816	WALK LIST	369.67	6660.63

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2010</u> through <u>10/16/2010</u>	CALIFORNIA FORM 465 Page <u>2</u> of <u>2</u>
I.D. NUMBER (if recipient com.) 1243243	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

4. Summary

- | | |
|---------------------------------------------------------------------------------------|-------------------------|
| 1. Total independent expenditures of \$100 or more made this period. (Part 3.) | \$ <u>6660.63</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.) | TOTAL \$ <u>6660.63</u> |

5. Filing Officers *Enter the 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
NEWPORT BEACH CITY CLERK
ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE

3) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE


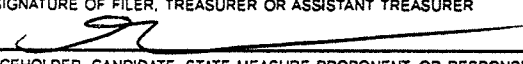
2) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE

4) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE

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 benefitted 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 01/28/2011
DATE
Executed on 01/28/2011
DATE
Executed on _____
DATE
Executed on _____
DATE

By PHIL PUHEK 
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER
By PHIL PUHEK 
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