Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

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)
   - [X] 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:
   - [ ] Prelection Statement
   - [X] 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)
   c/o Miller, Kaplan, Arase & Co., LLP 4123 Lankershim Blvd.

   CITY North Hollywood
   STATE CA
   ZIP CODE 91602
   PHONE (818) 769-2010

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

   CITY North Hollywood
   STATE CA
   ZIP CODE 91602
   PHONE (818) 769-2010

   MAILING ADDRESS
   CITY
   STATE
   ZIP 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 01/31/2012
   Date

   Executed on 01/31/2012
   Date

   Executed on
   Date

   Executed on
   Date

   By PHIL PUHEK
   Signature of Treasurer or Assistant Treasurer

   By PHIL PUHEK
   Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   FPPC Form 460 (January/05)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
   State of California
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 to make expenditures on behalf of your candidacy.

COMMITTEE NAME  I.D.NUMBER

NAME OF TREASURER  CONTROLLED COMMITTEE?  □ YES  □ NO

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

CITY  STATE  ZIP CODE  AREA CODE/PHONE

COMMITTEE NAME  I.D.NUMBER

NAME OF TREASURER  CONTROLLED COMMITTEE?  □ YES  □ NO

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

CITY  STATE  ZIP CODE  AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER  JURISDICTION  □ SUPPORT  □ OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

OFFICE SOUGHT OR HELD  DISTRICT NO. IF ANY

7. Primarily Formed 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  □ SUPPORT  □ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  □ SUPPORT  □ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  □ SUPPORT  □ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  □ SUPPORT  □ OPPOSE

Attach continuation sheets if necessary
## Campaign Disclosure Statement

**Summary Page**

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

**Statement covers period**

- From: 07/01/2011
- Through: 12/31/2011

**California Form** 460

**I.D. Number**

1243243

### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (Total This Period)</th>
<th>Column B (Calendar Year Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>$12,084.00</td>
<td>$16,826.00</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$12,084.00</td>
<td>$16,826.00</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$12,084.00</td>
<td>$16,826.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (Total This Period)</th>
<th>Column B (Calendar Year Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

12. Beginning Cash Balance: Previous Summary Page, Line 16

- $39,629.52

13. Cash Receipts: Column A, Line 3 above

- $12,084.00

14. Miscellaneous Increases to Cash: Schedule I, Line 4

- $0.00

15. Cash Payments: Column A, Line 8 above

- $0.00

16. ENDING CASH BALANCE: Add Lines 12 + 13 + 14, then subtract Line 15

- $51,713.52

- 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

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

- 20. Contribution Received: 1/1 through 6/30, 7/1 to Date
  - $0.00
  - $0.00

- 21. Expenditures Made: 1/1 through 6/30, 7/1 to Date
  - $0.00
  - $0.00

**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

- $0.00

- $0.00

- $0.00

- $0.00

- $0.00

- $0.00

*Since January 1, 2001, Amounts in this section may be different from amounts reported in Column B.

FPPC Form 460 (June/01)

FPPC Toll-Free Helpline: 866/ASK-FPPC
Schedule A
Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ID:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|               | ID:                                                                                             |                     |                                                                                                 |                             |                                                  |                                   |

SUBTOTAL $ 0.00

Schedule A Summary
1. Amount received this period - contributions of $100 or more. (Include all Schedule A subtotals.) $ 0.00
2. Amount received this period - unitemized contributions of less than $100 $ 12084.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL $ 12084.00

*Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
## Schedule C
Nonmonetary Contributions Received

**NAME OF FILER**
NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rcnt Dt: 07/31/2011</td>
<td>Miller, Kaplan, Arase &amp; Co., LLP</td>
<td>X OTH</td>
<td>Accounting Services - July 2011 $335.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ID: [Redacted]  
Ref: CI240

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Attach additional information on appropriately labeled continuation sheets.

| SUBTOTAL $ | 0.00 |

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### Schedule C Summary

1. Amount received this period - nonmonetary contributions of $100 or more.  
   (Include all Schedule C subtotals.) ........................................... $ 0.00
2. Amount received this period - unitemized nonmonetary contributions of less than $100 ........ $ 0.00
3. Total nonmonetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .......... TOTAL $ 0.00

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*Contributor Codes

IND - Individual  
COM - Recipient Committee  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee
<table>
<thead>
<tr>
<th>Form/Schedule</th>
<th>Reference No</th>
<th>TEXT</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>CI240</td>
<td>Payment of administrative expenses by sponsor. Reported pursuant to 2 CCR Sectin 18215(c)(16).</td>
</tr>
</tbody>
</table>