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
   - General Purpose Committee
     - Sponsored
     - Small Contributor Committee
     - Political Party/Central Committee
   - Primarily Formed Ballot Measure Committee
     - Controlled
     - Sponsored

2. Type of Statement:
   - Preelection Statement
   - Semi-annual Statement
   - Termination Statement
     - (Also file a Form 410 Termination)
   - Amendment (Explain below)

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 AREA CODE/PHONE: (818) 769-2010
   - Mailing Address:
     - P.O. BOX 1695
     - CITY: NEWPORT BEACH STATE: CA ZIP CODE: 92659 AREA CODE/PHONE: (949) 472-6154
   - 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 03/12/2012

   Executed on 03/12/2012

   Executed on

   Executed on

   Executed on

   By PHIL PUHEK

   Signature of Treasurer or Assistant Treasurer

   By PHIL PUHEK

   Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Official of Sponsor

   By

   Signature of Controlling Officer, Candidate, State Measure Proponent

   By

   Signature of Controlling Officer, 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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>CITY</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D.NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O.BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>
| 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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
### Contributions Received

| 1. Monetary Contributions | Schedule A, Line 3 | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | 0.00 | 0.00 |
| 2. Loans Received | Schedule B, Line 7 | $ | 0.00 | 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | $ | 0.00 | 0.00 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | 0.00 | 0.00 |

### Expenditures Made

| 6. Payments Made | Schedule E, Line 4 | Column B TOTAL TO DATE | 1000.00 | 1000.00 |
| 7. Loans Made | Schedule H, Line 7 | $ | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | $ | 1000.00 | 1000.00 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | 0.00 | 0.00 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | 0.00 | 0.00 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | $ | 1000.00 | 1000.00 |

### Current Cash Statement

| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | $ | 51713.52 |
| 13. Cash Receipts | Column A, Line 3 above | 0.00 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | 0.00 |
| Cash Payments | Column A, Line 8 above | 1000.00 |
| 15. ENDING CASH BALANCE..... | Add Lines 12 + 13 + 14, then subtract Line 15 | $ | 50713.52 |

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

### 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 E Payments Made

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

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

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

### NAME AND ADDRESS OF PAYEE OR CREDITOR

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE OR CREDITOR</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speak Up Newport</td>
<td>ID:</td>
<td>Dinner</td>
<td>1000.00</td>
</tr>
<tr>
<td>PO Box 2594</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newport Beach, CA 92663</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Schedule E Summary**

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) $ 1000.00
2. Unitized 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 $ 1000.00