Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Statement covers period
from _______________ to _______________
through _______________

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

1. Type of Recipient Committee:
☐ 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 5)
☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:
☐ Primary Statement
☐ Semi-Annual Statement
☐ Special Odd-Year Report
☐ Amendment (Explain below)
☐ Pre-election Statement
☐ Term Statement
(Also file a Form 410 Termination)
☐ Supplemental Pre-election Statement - Attach Form 495

Treasurer(s)

NAME OF TREASURER
PHILIP PUHEK

MAILING ADDRESS
P.O. BOX 1695

CITY STATE ZIP CODE AREA CODE/PHONE
NEWPORT BEACH CA 92659 (949) 295-5817

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.

05/24/2012

executed on

executed on

executed on

PHIL PUHEK

By

Signature of Treasurer or Assistant Treasurer

PHIL PUHEK

By

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

PHIL PUHEK

By

Signature of Controlling Officerholder, Candidate, State Measure Proponent

PHIL PUHEK

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP</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 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? ☐ YES ☐ NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY STATE ZIP CODE AREA CODE/PHONE</td>
<td></td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

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

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.

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

CITY STATE ZIP CODE AREA CODE/PHONE

Attach continuation sheets if necessary

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

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Monetary Contributions</td>
<td>$0.00</td>
<td>$3204.00</td>
</tr>
<tr>
<td>Total Loans Received</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Subtotal Contributions</td>
<td>$0.00</td>
<td>$3204.00</td>
</tr>
<tr>
<td>Total Non-Monetary Contributions</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Contributions Received</td>
<td>$0.00</td>
<td>$3204.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Payments Made</td>
<td>$2000.00</td>
<td>$2000.00</td>
</tr>
<tr>
<td>Total Loans Made</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Subtotal Payments</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Non-Monetary Adjustment</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Expenditures Made</td>
<td>$2000.00</td>
<td>$2000.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$54818.40</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$0.00</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$0.00</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$1000.00</td>
</tr>
<tr>
<td>Ending Cash Balance</td>
<td>$53818.40</td>
</tr>
</tbody>
</table>

### Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumulative Expenditures Made*</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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

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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).
### Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) .......................................................... $ 1000.00

2. Unitemized contributions and independent expenditures made this period of under $100 .......................................................... $ 0.00

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) .............. TOTAL $ 1000.00

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**NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC**

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Candidate, Office, and District, or Measure Number or Letter and Jurisdiction, or Committee</th>
<th>Type of Payment</th>
<th>Description (If Required)</th>
<th>Amount 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>3/27/2012</td>
<td>Costa Mesa Firefighters PAC</td>
<td>☑ Monetary Contribution</td>
<td>1000.00</td>
<td></td>
<td>1000.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>![Checkmark] Support ☐ Oppose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>![Checkmark] Support ☐ Oppose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $ 1000.00**
**Schedule E Payments Made**

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

*Statement covers period from 03/18/2012 through 05/19/2012*

**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.
- 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
- MFG: 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)
- PRD: 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/spONS
- VOT: voter registration
- WEB: information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costa Mesa Firefighters PAC</td>
<td>CTB</td>
<td>1000.00</td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTALS:**

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 1000.00
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 $ 1000.00

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