Statement of Organization
Recipient Committee

1. Committee Information
NAME OF 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
AREACODE/PHONE
(818) 769-2010

P.O. BOX 1695 NEWPORT BEACH, CA 92659

COUNTY OF DOMICILE
ORANGE
COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER
PHILIP PUHEK

STREET ADDRESS (NO P.O. BOX)
c/o Miller, Kaplan, Arase & Co., LLP 4123 Lankershim Blvd.

CITY
North Hollywood
STATE
CA
ZIP CODE
91602
AREACODE/PHONE
(949) 295-5817

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)
CITY
STATE
ZIP CODE
AREACODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
PHILIP PUHEK

STREET ADDRESS (NO P.O. BOX)
c/o Miller, Kaplan, Arase & Co., LLP 4123 Lankershim Blvd.
CITY
North Hollywood
STATE
CA
ZIP CODE
91602
AREACODE/PHONE
(818) 769-2010

3. Verification
I have used all reasonable diligence in preparing 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 06/12/2012

By PHIL PUHEK

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

executed on

executed on

executed on

executed on

FPPC Form 410 (June/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
4. Type of Committee

Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlling committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
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<td></td>
</tr>
</tbody>
</table>

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
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</tbody>
</table>

**Primarily Formed Committee** Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

FPPC Form 410 (April/2011)
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Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

4. Type of Committee (Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
☒ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY
TO SUPPORT OR OPPOSE CANDIDATES, PROPOSITIONS AND BALLOT MEASURES WHICH FURTHER THE GOALS OF THE ASSOCIATION

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR
NEWPORT BEACH FIREFIGHTERS ASSOCIATION

INDUSTRY GROUP OR AFFILIATION OF SPONSOR
MEMBERSHIP ORGANIZATION

STREET ADDRESS
NO. AND STREET CITY STATE ZIP CODE
3300 NEWPORT BEACH BLVD. NEWPORT BEACH CA 92663

Small Contributor Committee ☐ Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

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