Statement of Organization
Recipient Committee

Statement Type ☐ Initial
☐ Amendment
Not yet qualified ☐ or
☐ Termination - See Part 5
List I.D. number:
# 1243243

Date qualified as committee
Date qualified as committee (If applicable)

1. Committee Information

NAME OF COMMITTEE
Newport Beach Firefighters Association PAC
STREET ADDRESS (NO P.O. BOX)
California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426
CITY Long Beach
STATE CA
ZIP CODE 90807
AREA CODE/PHONE (562) 427-2100
MAILING ADDRESS (IF DIFFERENT)
PO Box 1695 Newport Beach, CA 92659
OPTIONAL: FAX/EMAIL ADDRESS

COUNTY OF DOMICILE
Orange
COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE.

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
John Klave
STREET ADDRESS (NO P.O. BOX)
California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426
CITY Long Beach
STATE CA
ZIP CODE 90807
AREA CODE/PHONE (562) 427-2100
NAME OF ASSISTANT TREASURER, IF ANY

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

NAME OF PRINCIPAL OFFICER(S)
John Klave
STREET ADDRESS (NO P.O. BOX)
California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426
CITY Long Beach
STATE CA
ZIP CODE 90807
AREA CODE/PHONE (562) 427-2100

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 10-11-13
DATE
By __________________________
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on
DATE
By __________________________
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on
DATE
By __________________________
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on
DATE
By __________________________
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

FFPC Form 410 (Dec/2012)
FFPC Form 410 Instructions - Rev. 2 (December/2012)
FFPC Advice: advice@ffpc.ca.gov (986-275-3772)
www.ffpc.ca.gov
Statement of Organization
Recipient Committee

Newport Beach Firefighters Association PAC

I.D. NUMBER
1243243

* All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Fargo Bank</td>
<td>(949) 721-8437</td>
<td>7166195284</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Corporate Plaza Dr.</td>
<td>Newport Beach</td>
<td>CA</td>
<td>92660</td>
</tr>
</tbody>
</table>

4. Type of Committee

**Controlled Committee**

- List the name of each controlling office holder, 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 controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT</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></td>
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<td></td>
</tr>
</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) 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></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>
Statement of Organization
Recipient Committee

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
3300 Newport Beach Blvd.

NO. AND STREET
CITY
Newport Beach

STATE
CA
ZIP CODE
92663

Small Contributor Committee ☐
Date qualified

5. Termination Requirements:

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.