Statement of Organization
Recipient Committee

Statement Type  □ Initial  □ Amendment
Not yet qualified □ or
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  STATE  ZIP CODE  AREA CODE/PHONE
Long Beach  CA  90807  (562) 427-2100
MAILING ADDRESS (IF DIFFERENT)
PO Box 1695  Newport Beach, CA 92659
OPTIONAL: FAX/E-MAIL ADDRESS
johnkluve@gmail.com
COUNTY OF Domicile
Orange

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

STREET ADDRESS (NO P.O. BOX)
CITY  STATE  ZIP CODE  AREA CODE/PHONE
Long Beach  CA  90807  (562) 427-2100
NAME OF PRINCIPAL OFFICER(S)
John Kluve
STREET ADDRESS (NO P.O. BOX)
California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426
CITY  STATE  ZIP CODE  AREA CODE/PHONE
Long Beach  CA  90807  (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 1/26/14

By
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 

DATE

By
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on 

DATE

By
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on 

DATE

By
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent
Statement of Organization
Recipient Committee

COMMITTEE NAME
Newport Beach Firefighters Association PAC

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

NAME OF FINANCIAL INSTITUTION
Wells Fargo Bank

AREA CODE/PHONE
(949) 721-8437

BANK ACCOUNT NUMBER

ADDRESS
5 Corporate Plaza Dr.

CITY
Newport Beach

STATE
CA

ZIP CODE
92660

CALIFORNIA
410
STATEMENT OF ORGANIZATION
FORM
Page 2
L.D. NUMBER
1243243

4. Type of Committees

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 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></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Non-Partisan

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></td>
<td>SUPPORT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OPPOSE</td>
<td></td>
</tr>
</tbody>
</table>

FFPC Form 410 (Dec/2012)
FFPC Form 410 Instructions - Rev. 2 (December/2012)
FFPC Advice: advice@fppc.ca.gov (888/275-5772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

COMMITTEE NAME
Newport Beach Firefighters Association PAC

I.D. NUMBER
1243243

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 (Revise and certify your certificate or treasurer/assistant treasurer/banker and any other legal or official certificate if any of the following conditions have occurred):

- 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.