Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

Statement covers period
from 01/01/2014
through 06/30/2014

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

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall
     (Also Complete Part 6)
   - [ ] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
     - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Ballot Measure Committee
     - [ ] Controlled
     - [ ] Sponsored
     (Also Complete Part 6)
   - [ ] Primarily Formed Candidate Officeholder Committee
     (Also Complete Part 7)

2. Type of Statement:
   - [ ] Prelection Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
     (Also file Form 410 Termination)
   - [ ] Amendment (Explain below)
   - [ ] Quarterly Statement
   - [ ] Special Odd-Year Report
   - [ ] Supplemental Prelection Statement-Attach Form 495

3. Committee Information
   - LD. NUMBER
     1243243
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
     Newport Beach Firefighters Association PAC
   - STREET ADDRESS (NO P.O. BOX)
     California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426
   - PO Box 1695
   - Mailing Address
     California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426
   - Long Beach
     CA 90807
     (562) 427-2100
   - Mailing Address
     (If Different) No. And Street Or P.O. Box
     jkluve@gmail.com
   - OPTIONAL: FAX/EMAIL ADDRESS
     johnkluve@gmail.com

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.
   - [ ] Signature of Treasurer or Assistant Treasurer
   - [ ] Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
   - [ ] Signature of Controlling Officerholder, Candidate, State Measure Proponent

FPPC Form 460 (January 08)
FPPC Toll-Free Helpline: 866/ASK-FPPC
(866/275-3772)
State of California
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

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

☑ SUPPORT

☑ OPPOSE

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☑ SUPPORT

☑ OPPOSE

Attach continuation sheets if necessary

FPPC Form 460 (January 95)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California
**Campaign Disclosure Statement**

**Summary Page**

**NAME OF FILER**
Newport Beach Firefighters Association PAC

**I.D. NUMBER**
1243243

### Contributions Received

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total This Period</strong></td>
<td><strong>$9,138.00</strong></td>
<td><strong>$9,138.00</strong></td>
</tr>
<tr>
<td><strong>FROM ATTACHED SCHEDULES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$9,138.00</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1+2</td>
<td>$9,138.00</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3+4</td>
<td>$9,138.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

|                         | | |
|-------------------------| | |
| **Total**               | **$6.00** | **$6.00** |
| **TOTAL EXPENDITURES MADE** | Add Lines 8 +9 +10 | $6.00 $306.00 |

### Current Cash Statement

|                         | | |
|-------------------------| | |
| **Beginning Cash Balance** | Previous Summary Page, Line 16 | **$80,987.67** |
| 13. Cash Receipts       | Column A, Line 3 above | **$9,138.00** |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | **$0.23** |
| 15. Cash Payments       | Column A, Line 8 above | **$6.00** |
| **ENDING CASH BALANCE** | Add Lines 12+13+14, then subtract Line 15 | **$90,119.90** |

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

### Cash Equivalents and Outstanding Debts

|                         | | |
|-------------------------| | |
| 16. Cash Equivalents    | See instructions on reverse | **$0.00** |
| 19. Outstanding Debts   | Add Line 2+Line 9 in Column B above | **$300.00** |

---

**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**

<table>
<thead>
<tr>
<th></th>
<th>1/1 through 5/30</th>
<th>7/1 to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Contributions Received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Expenditures Made</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Expenditure Limit Summary for State Candidates**

22. Cumulative Expenditures Made *<br>(If Subject to Voluntary Expenditure Limit)

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yyyy)</th>
<th>Total to Date</th>
</tr>
</thead>
</table>

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

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FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Schedule A
Monetary Contributions Received

NAME OF FILER
Newport Beach Firefighters Association PAC

DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31) | PER ELECTION TO DATE (IF REQUIRED)
--- | --- | --- | --- | --- | --- | ---

SUBTOTAL $0.00

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
   (Include all Schedule A subtotals.) .......................................................... $0.00
2. Amount received this period - unitemized monetary contributions of less than $100. ......................... $9,138.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.) ........................................ TOTAL $9,138.00

*Contributor Codes
IND- Individual
COM- Recipient Committee (other than PTY or SCC)
OTH- Other (e.g., business entity)
PTY- Political Party
SCC- Small Contributor Committee

FPCC Form 460 (January/06)
FPCC Toll-Free Helpline: 866/ASK-FPCC (866/275-3772)
## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ............................................................ $0.00
2. Unitemized payments made this period of under $100 ......................................................................................... $6.00
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 $6.00

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**NAME OF FILER**  
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.

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

---

**Schedule E Payments Made**

**Statement covers period from 01/01/2014 through 06/30/2014**

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**CA** FORM 460  
Page 5 of 8
### Schedule F
Accrued Expenses (Unpaid Bills)

**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
- **FL** candidate filing/ballot fees
- **FND** fundraising events
- **IND** independent expenditure
- **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** tx 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, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>NGP VAN, Inc. 1101 15th St., NW Washington, DC 20005</td>
<td>OFC</td>
<td>$300.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$300.00</td>
</tr>
</tbody>
</table>

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

| SUBTOTALS | $300.00 | $0.00 | $0.00 | $300.00 |

### Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ................................................................. **INCURRED TOTALS** $0.00

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ................................................................. **PAID TOTALS** $0.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ................................................................. **NET** $0.00 (May be a negative number)
## Schedule I Summary

1. Itemized increases to cash this period: ................................................................. $0.00
2. Unitemized increases to cash of under $100 this period: ..................................... $0.23
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e)): ................................................................................................................. $0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ............................................................................................................. $0.23
<table>
<thead>
<tr>
<th>FORM/SCHEDULE</th>
<th>REFERENCE NUMBER (IF APPLICABLE)</th>
<th>TEXT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td>Newport Beach Firefighters Assn. serves as the intermediary only; no contributor of $100 or more</td>
</tr>
</tbody>
</table>