### Supplemental Independent Expenditure Report

**Government Code Section 84203.5**

SEE INSTRUCTIONS ON REVERSE

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**1. Committee/Filer Information**

- **I.D. NUMBER (If recipient committee):** 1243243
- **Committee/Filer's Name:** 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

**Optional: Fax/Email Address**

johnkluve@gmail.com

**Treasurer (If recipient committee):**

- **Name of Treasurer:** John Kluve
- **Mailing Address:**
  - California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426
  - Long Beach, CA 90807
  - (562) 427-2100

**Optional: Fax/Email Address**

johnkluve@gmail.com

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**2. Name of Candidate or Measure Supported or Opposed**

- **Name of Candidate:** Tim Brown
- **Name of Ballot Measure:** Newport Beach City Council 2

**Office Sought or Held and District, If Applicable**

<table>
<thead>
<tr>
<th>SUPPORT</th>
<th>OPPOSE</th>
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<tbody>
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**Balloon No./Letter/ Jurisdiction**

- **Ballot No./Letter:**
- **Jurisdiction:**

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**3. Independent Expenditures Made**

Attach additional information on appropriately labeled continuation sheets.

<table>
<thead>
<tr>
<th>Date</th>
<th>Name and Address of Payee</th>
<th>Description of Expenditure</th>
<th>Amount</th>
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</thead>
</table>
| 10/15/2014 | Tim Brown for Council 2014  
562 Vista Flora  
Newport Beach, CA 92660 | Literature & Postage | $6,390.62 | $6,390.62 |
4. Summary
1. Total independent expenditures of $100 or more made this period. (Part 3.) $6,390.62
2. Total independent expenditures under $100 made this period. (Not itemized.) $0.00
3. Total independent expenditures made this period (Add Lines 1+2.) $6,390.62

5. Filing Officers
   Enter name and address of each filing officer with whom the filer's most recent campaign statements (Form 450,460 or 461) have been filed.

   1) NAME OF FILING OFFICER
   City of Newport Beach
   ADDRESS
   100 Civic Center Dr.
   CITY
   Newport Beach
   STATE
   CA
   ZIP CODE
   92660

6. Verification
I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefited from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing 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 10/17/14
By
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on
By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on
By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSED

Executed on
By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSED