### 1. Committee/Filer Information
- **Committee/Filer's Name:** Newport Beach Firefighters Association PAC
- **Street Address:** California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426
- **City:** Long Beach
- **State:** CA
- **Zip Code:** 90807
- **Area Code/Phone:** (562) 427-2100

### 2. Name of Candidate or Measure Supported or Opposed
- **Name of Candidate:** Tim Brown
- **Name of Ballot Measure:** Newport Beach City Council 2

### 3. Independent Expenditures Made

<table>
<thead>
<tr>
<th>Date</th>
<th>Name and Address of Payee</th>
<th>Description of Expenditure</th>
<th>Amount</th>
<th>Cumulative to Date Calendar Year (Jan. 1-Dec. 31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/15/2014</td>
<td>Firefighters Print &amp; Design 1780 Creekside Oaks Dr.</td>
<td>LIT supporting Tim Brown for Council 2014</td>
<td>$72.88</td>
<td>$6,390.62</td>
</tr>
<tr>
<td></td>
<td>Sacramento, CA 95833</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/15/2014</td>
<td>Firefighters Print &amp; Design 1780 Creekside Oaks Dr.</td>
<td>POS supporting Tim Brown for Council 2014</td>
<td>$6,317.74</td>
<td>$6,390.62</td>
</tr>
<tr>
<td></td>
<td>Sacramento, CA 95833</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/15/2014</td>
<td>Subvendor payment: $6,317.74 to US Post Office 3101 W.</td>
<td>POS supporting Tim Brown for Council 2014</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>Sunflower Ave. Santa Ana, CA 92799</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.) .................................................................................. TOTAL $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 (NO. AND STREET)  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 enelitted 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  11/11/14  DATE
By  [Signature]

Executed on  DATE
By  [Signature]

Executed on  DATE
By  [Signature]

Executed on  DATE
By  [Signature]