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

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 5)
☐ 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:
☐ Preelection Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain below)  
☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection Statement-Attach Form 495

Amend Summary Page, Schedule C

3. Committee Information

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
CITY STATE ZIP CODE AREA CODE/PHONE  
Long Beach CA 90807 (562) 427-2100

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
PO Box 1695
CITY STATE ZIP CODE AREA CODE/PHONE  
Newport Beach CA 92659

OPTIONAL: FAX/E-MAIL ADDRESS  
johnkuve@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.

Executed on 11/11/14
Date

By
Signature of Treasurer or Assistant Treasurer

Executed on
Date

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on
Date

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on
Date

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)  
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

NAME OF TREASURER

CONTROLLED COMMITTEE?  YES  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

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 05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (Total This Period)</th>
<th>Column B (Calendar Year Total to Date)</th>
<th>Calendar Year Summary for Candidates Running in Both the State Primary and General Elections</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$9,138.00</td>
<td>1/1 through 6/30 7/1 to Date</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$9,138.00</td>
<td></td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$172.52</td>
<td></td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$9,310.52</td>
<td></td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$6.00</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$6.00</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$172.52</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$178.52</td>
</tr>
</tbody>
</table>

### Current Cash Statement

12. 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

16. **ENDING CASH BALANCE**
   - Add Lines 12+13+14, then subtract Line 15
   - $90,119.90

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED
   - Schedule B, Part 2
   - $0.00

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents
   - See instructions on reverse
   - $0.00

19. Outstanding Debts
   - Add Line 2+Line 9 in Column B above
   - $300.00
Schedule A
Monetary Contributions Received

NAME OF FILER
Newport Beach Firefighters Association PAC

NAME OF FILER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
Newport Beach Firefighters Association PAC 1243243

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
OTH- Other (e.g., business entity)
PTY- Political Party
SCC- Small Contributor Committee

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FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
## Schedule C
### Nonmonetary Contributions Received

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

**DATE RECEIVED**
| 03/01/2014 |

**FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR**
Newport Beach Firefighters Association

**CONTRIBUTOR CODE**
- [ ] IND
- [ ] COM
- [x] OTH
- [ ] PTY
- [ ] SCC

**IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)**

**DESCRIPTION OF GOODS OR SERVICES**
Professional services

**AMOUNT/FAIR MARKET VALUE**
$172.52

**CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)**
$172.52

**PER ELECTION TO DATE (IF REQUIRED)**

---

### Schedule C Summary

1. Amount received this period - itemized monetary contributions.
   
   (Include all Schedule C subtotals) ............................................................... $172.52

2. Amount received this period - unitemized nonmonetary contributions of less than $100 ........................................... $0.00

3. Total nonmonetary contributions received this period.

   (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.) ................................................... TOTAL $172.52

---

*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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Schedule E**
Payments Made

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

**NAME AND ADDRESS OF PAYEE**
(If Committee, also enter I.D. Number)

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL**

$0.00

---

**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.)

$6.00
# Schedule F
## Accrued Expenses (Unpaid Bills)

**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.

- CMP: campaign paraphernalia/misc.
- CNS: campaign consultants
- CTB: contribution (explain nonmonetary)*
- CVC: civic donations
- FIL: 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
- OFF: 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: t.v. 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 (ALSO REPORT ON E)</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.)

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.)

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

**INCURRED TOTALS**

**PAID TOTALS**

**NET** (May be a negative number)

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
## Schedule I
### Miscellaneous Increases to Cash

- **NAME OF FILER:** Newport Beach Firefighters Association PAC
- **I.D. NUMBER:** 1243243

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** $0.00

### 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

FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
<table>
<thead>
<tr>
<th>FORM/SCHEDULE</th>
<th>REFERENCE NUMBER (IF APPLICABLE)</th>
<th>TEXT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Newport Beach Firefighters Assn. serves as the intermediary only; no contributor of $100 or more</td>
</tr>
</tbody>
</table>