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

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - [x] General Purpose Committee
   - [x] Sponsored
   - [ ] Small Contributor Committee
   - [ ] Political Party/Central Committee

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

3. Committee Information
   I.D. NUMBER 1243243
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

   STREET ADDRESS (NO P.O. BOX)
   c/o Miller, Kaplan, Arase & Co., LLP 4123 Lankershim Blvd

   CITY North Hollywood STATE CA ZIP CODE 91602 AREA CODE/PHONE (818) 769-2010

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   P.O. BOX 1695

   CITY NEWPORT BEACH STATE CA ZIP CODE 92659 AREA CODE/PHONE (949) 472-6154

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 01/31/2010 BY BRIAN MCDONOUGH Signature of Treasurer or Assistant Treasurer
   Executed on 01/31/2010 BY BRIAN MCDONOUGH Signature of Controlling Officier, Candidate, State Measure Proponent or Responsible Official of Sponsor

   Executed on Date
   Executed on Date
   Executed on Date

   By ____________________________
   Signature of Controlling Officier, Candidate, State Measure Proponent

   By ____________________________
   Signature of Controlling Officier, 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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td></td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>CITY</td>
</tr>
</tbody>
</table>

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 to make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D.NUMBER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
<td>YES</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O.BOX)</td>
<td>CITY</td>
</tr>
</tbody>
</table>

6. Ballot Measure Committee

| NAME OF BALLOT MEASURE |  |
| BALLOT NO. OR LETTER | JURISDICTION | SUPPORT | OPPOSE |
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |

Identify the controlling officeholder, candidate, or state measure proponent, if any.

| NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent |  |
| OFFICE SOUGHT OR HELD |  |

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
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<td>OPPOSE</td>
</tr>
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</table>

Attach continuation sheets if necessary
Contributions Received

1. Monetary Contributions .................................. Schedule A, Line 3 $ 8444.00 $ 26283.88

2. Loans Received ........................................... Schedule B, Line 7 0.00 0.00

3. SUBTOTAL CASH CONTRIBUTIONS .................. Add Lines 1 + 2 $ 8444.00 $ 26283.88

4. Nonmonetary Contributions ............................. Schedule C, Line 3 0.00 0.00

5. TOTAL CONTRIBUTIONS RECEIVED ................. Add Lines 3 + 4 $ 8444.00 $ 26283.88

Expenditures Made

6. Payments Made .......................................... Schedule E, Line 4 $ 0.00 $ 750.00

7. Loans Made ............................................. Schedule H, Line 7 0.00 0.00

8. SUBTOTAL CASH PAYMENTS ......................... Add Lines 6 + 7 $ 0.00 $ 750.00

9. Accrued Expenses (Unpaid Bills) ................. Schedule F, Line 3 0.00 0.00

10. Nonmonetary Adjustment ............................. Schedule C, Line 3 0.00 0.00

11. TOTAL EXPENDITURES MADE ....................... Add Lines 8 + 9 + 10 $ 0.00 $ 750.00

Current Cash Statement

12. Beginning Cash Balance ............................... Previous Summary Page, Line 16 $ 47046.34

13. Cash Receipts ........................................... Column A, Line 3 $ 8444.00

14. Miscellaneous Increases to Cash .................. Schedule I, Line 4 0.00

Cash Payments ............................................ Column A, Line 8 $ 0.00

15. ENDING CASH BALANCE .... Add Lines 12 + 13 + 14, then subtract Line 16 $ 55890.34

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

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 $ 0.00

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

20. Contribution Received ................................. $ 0.00 $ 0.00

21. Expenditures Made .................................... $ 0.00 $ 0.00

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy) Total to Date $ 

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.
# Schedule A
## Monetary Contributions Received

- **Type or print in ink.** Amounts may be rounded to whole dollars.

**NAME OF FILER**
NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

**I.D. Number**
1243243

### Date Received | Full Name, Mailing 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)
--- | --- | --- | --- | --- | --- | ---
--- | --- | --- | --- | --- | --- | ---

**Schedule A Summary**

1. Amount received this period - contributions of $100 or more.
   (Include all Schedule A subtotals.) .................................................. $ 0.00
2. Amount received this period - unitemized contributions of less than $100 .......................... $ 8844.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ...................... **TOTAL $** 8844.00

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*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

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