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.
   - Officeholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall
     (Also Complete Part 5)
   - General Purpose Committee
   - Primarily Formed Ballot Measure Committee
   - Controlled
     (Also Complete Part 6)
   - Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 7)
   - Sponsored
   - Small Contributor Committee
   - Political Party/Central Committee

2. Type of Statement:
   - Preelection Statement
   - Semi-annual Statement
   - Termination Statement
     (Also file a Form 410 Termination)
   - Amendment (Explain below)

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
   - OPTIONAL: FAX / E-MAIL ADDRESS

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 07/30/2010
   Date
   By BRIAN MCDONOUGH
   Signature of Treasurer or Assistant Treasurer

   Executed on 08/15/2010
   Date
   By BRIAN MCDONOUGH
   Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on 08/15/2010
   Date
   By
   Signature of Controlling Officer, Candidate, State Measure Proponent

   Executed on 08/15/2010
   Date
   By
   Signature of Controlling Officer, 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>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</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>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O.BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Ballot Measure Committee

| NAME OF BALLOT MEASURE |
| BALLOT NO. OR LETTER | JURISDICTION |
| SUPPORT | OPPOSE |

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 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 |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD |
| SUPPORT | OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD |
| SUPPORT | OPPOSE |

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

Attach continuation sheets if necessary.
## Campaign Disclosure Statement
### Summary Page

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

**SUMMARY PAGE**

**CALIFORNIA FORM 460**

<table>
<thead>
<tr>
<th>I.D. NUMBER</th>
<th>1243243</th>
</tr>
</thead>
</table>

| NAME OF FILER | NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC |

### Contributions Received

<table>
<thead>
<tr>
<th></th>
<th>Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)</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>$9198.00</td>
<td>$9198.00</td>
<td>1/1 through 6/30 7/1 to Date</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>$0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$9198.00</td>
<td>$9198.00</td>
<td></td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>$0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$9198.00</td>
<td>$9198.00</td>
<td></td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th></th>
<th>Column A (TOTA $9198.00)</th>
<th>Column B (CAL SCHEDULES)</th>
<th>Calendar Year Summary for Candidates Running in Both the State Primary and General Elections</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>$1285.55</td>
<td>$1285.55</td>
<td>1/1 through 6/30 7/1 to Date</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>$0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>$1285.55</td>
<td>$1285.55</td>
<td></td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>$0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>$0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>$1285.55</td>
<td>$1285.55</td>
<td></td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th></th>
<th>Previous Summary Page, Line 16</th>
<th>Column A, Line 3 above</th>
<th>Column A, Line 8 above</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>$22638.49</td>
<td>9198.00</td>
<td>1285.55</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td></td>
<td>40.90</td>
<td></td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>$30591.54</td>
<td>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).</td>
</tr>
</tbody>
</table>

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

### Loan Guarantees Received

<table>
<thead>
<tr>
<th></th>
<th>Schedule B, Part 2</th>
<th>$0.00</th>
</tr>
</thead>
</table>

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th></th>
<th>See instructions on reverse</th>
<th>Add Line 2 + Line 9 in Column B above</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**FPPC Form 460 (June/01)**

FPPC Toll-Free Helpline: 866/ASK-FPPC
## Schedule A
Monetary Contributions Received

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

**Statement covers period from 01/01/2008**
**through 06/30/2008**

<table>
<thead>
<tr>
<th>I.D. Number</th>
<th>460</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID:</td>
<td></td>
</tr>
</tbody>
</table>

### Name of Filer
NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name, Mailing Address and Zip Code of Contributor (If Committee, Also Enter I.D. Number)</th>
<th>Contributor Code*</th>
<th>If an Individual, Enter Occupation and Employer (If Self-Employed, Enter Name of Business)</th>
<th>Amount Received This Period</th>
<th>Cumulative to Date Calendar Year (Jan. 1 - Dec. 31)</th>
<th>Per Election To Date (If Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>IND</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PTY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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 ........................................ $ 9198.00

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................................. TOTAL $ 9198.00

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*Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
## Schedule E
### Payments Made

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

**NAME AND ADDRESS OF PAYEE OR CREDITOR**

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE OR CREDITOR</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miller, Kaplan, Arase &amp; Co., LLP 4123 Lankershim Blvd.</td>
<td>ID:</td>
<td>PRO</td>
<td>$290.00</td>
</tr>
<tr>
<td>North Hollywood, CA 91602</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miller, Kaplan, Arase &amp; Co., LLP 4123 Lankershim Blvd.</td>
<td>ID:</td>
<td>PRO</td>
<td>$815.00</td>
</tr>
<tr>
<td>North Hollywood, CA 91602</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL** $1105.00

**Schedule E Summary**

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ............................................................... $1105.00
2. Unitemized payments made this period of under $100. ................................................................. $180.55
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 $1285.55
# Schedule I
## Miscellaneous Increases to Cash

See instructions on reverse.

**NAME OF FILER**

NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

<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>ID:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL $**

0.00

### Schedule I Summary

1. Increases to cash of $100 or more this period: .......................................................... $ 0.00
2. Unitemized increases to cash under $100 this period: ............................................. $ 40.90
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.) TOTAL $ 40.90