Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Amendment
☐ Termination – See Part 5
Not yet qualified ☐ or
List I.D. number:
# 1243243
List I.D. number:
# ________________

Date qualified as committee / / 
Date qualified as committee (if applicable) / / 
Date of Termination / / 

1. Committee Information
NAME OF 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)
P.O. BOX 1695  NEWPORT BEACH, CA 92659

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF Domicile ORANGE
COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers
NAME OF TREASURER
PHILIP PUHEK
STREET ADDRESS (NO P.O. BOX)
P.O. BOX 1695
CITY NEWPORT BEACH
STATE CA
ZIP CODE 92659
AREA CODE/PHONE (949) 472-6154

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY
STATE
ZIP CODE
AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
PHILIP PUHEK
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

3. Verification
I have used all reasonable diligence in preparing 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 08/24/2010
DATE
By PHIL PUHEK
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on
DATE
By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on
DATE
By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on
DATE
By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 410 (June/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)