### 1. Committee/Filer Information

**I.D. NUMBER (if recipient committee)**
1243243

**COMMITTEE/FILER'S NAME**
NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

c/o MILLER, KAPLAN, ARASE & CO., LLP 4123 LANKERSHIM BLVD

**CITY**
NORTH HOLLYWOOD

**STREET ADDRESS (NO P.O. BOX)**
NORTH HOLLYWOOD, CA 91602 (818) 769-2010

**TREASURER (If recipient committee)**

**NAME OF TREASURER**
BRIAN McDonough

**MAILING ADDRESS**
P.O. BOX 1695

**CITY**
NEWPORT BEACH

**STATE**
CA

**ZIP CODE**
92659

**AREA CODE/PHONE**
(949) 472-6154

**OPTIONAL: FAX / E-MAIL ADDRESS**

### 2. Name of Candidate or Measure Supported or Opposed

**NAME OF CANDIDATE**
LESLIE DAIGLE

**NAME OF BALLOT MEASURE**

**OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE**
NEWPORT BEACH CITY CLERK

**BALLOT NO./LETTER/ JURISDICTION**

**CHECK ONE**

- SUPPORT
- OPPOSE

×

### 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>10/04/2010</td>
<td>FIREFIGHTERS PRINT &amp; DESIGN 1780 CREEKSIDE OAKS DR. SACRAMENTO, CA 95833</td>
<td>POSTCARD MAILER</td>
<td>6190.53</td>
<td>6190.53</td>
</tr>
<tr>
<td>10/12/2010</td>
<td>FED EX OFFICE 230 NEWPORT CENTER DR. NEWPORT BEACH, CA 92660</td>
<td>WALK LIST</td>
<td>100.43</td>
<td>6290.96</td>
</tr>
</tbody>
</table>
Suppienal Independent Expenditure Report

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

Supplemental Independent Expenditure

Report covers period
from 01/01/2010 through 10/31/2010

CALIFORNIA FORM 465

Page 2 of 2

I.D. NUMBER (if recipient comm.)
1243243

NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

4. Summary

1. Total independent expenditures of $100 or more made this period. (Part 3.) ................................................................. $ 6290.96

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 $ 6290.96

5. Filing Officers Enter the 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

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

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 benefitted 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 10/31/2010

PHIL PUHEK

Signature of filed treasurer or assistant treasurer

PHIL PUHEK

Signature of controlling officeholder, candidate, state measure proponent, or responsible officer of sponsor

PHIL PUHEK

Signature of controlling officeholder, candidate, state measure proponent

FPPC Form 465 (June/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)