

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA FORM 465

Report covers period from <u>01/01/2010</u> through <u>10/16/2010</u>	Date Stamp RECEIVED OCT 22 PM 2:19 CITY OF NEWPORT BEACH Mailed 10/21/10
Date of election if applicable: (Month, Day, Year) <u>11/02/2010</u>	Page <u>1</u> of <u>2</u> For Official Use Only

Amendment (Explain Below)

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1243243

COMMITTEE/FILER'S NAME

NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

STREET ADDRESS (NO P.O. BOX)

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>NORTH HOLLYWOOD</u>	<u>CA</u>	<u>91602</u>	<u>(818) 769-2010</u>

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

BRIAN McDONOUGH

MAILING ADDRESS

P.O. BOX 1695

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

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE <u>LESLIE DAIGLE</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>NEWPORT BEACH CITY CLERK</u>	SUPPORT	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT
			OPPOSE

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/04/2010	FIREFIGHTERS PRINT & DESIGN 1780 CREEKSIDE OAKS DR. SACRAMENTO, CA 95833	POSTCARD MAILER	6190.53	6190.53
10/12/2010	FED EX OFFICE 230 NEWPORT CENTER DR. NEWPORT BEACH, CA 92660	WALK LIST	100.43	6290.96

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NAME OF FILER NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC	I.D. NUMBER (If recipient com.) 1243243
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4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ <u>6290.96</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ <u>0.00</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$ <u>6290.96</u>

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 _____	3) NAME OF FILING OFFICER _____
ADDRESS _____ (NO. AND STREET)	ADDRESS _____ (NO. AND STREET)
CITY _____ STATE _____ ZIP CODE _____	CITY _____ STATE _____ ZIP CODE _____
2) NAME OF FILING OFFICER _____	4) NAME OF FILING OFFICER _____
ADDRESS _____ (NO. AND STREET)	ADDRESS _____ (NO. AND STREET)
CITY _____ STATE _____ ZIP CODE _____	CITY _____ STATE _____ ZIP CODE _____

6. Verification

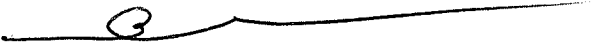
I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence 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.

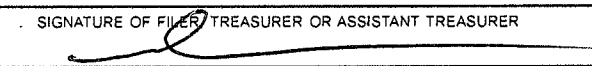
Executed on 10/21/2010
DATE

Executed on 10/21/2010
DATE

Executed on _____
DATE

Executed on _____
DATE

By PHIL PUHEK 
SIGNATURE OF FILER / TREASURER OR ASSISTANT TREASURER

By PHIL PUHEK 
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent