Supplemental Independent Expenditure Report  
(Government Code Section 84203.5)  
SEE INSTRUCTIONS ON REVERSE

<table>
<thead>
<tr>
<th>Date Stamp</th>
<th>CALIFORNIA FORM</th>
<th>465</th>
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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  
NORTH HOLLYWOOD

STATE  
CA

ZIP CODE  
91602

AREA CODE/PHONE  
(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  
RUSH HILL

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

BALLOT NO./LETTER  
SUPPORT

JURISDICTION  
OPPOSE

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

<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>
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| 10/12/2010 | FED EX OFFICE 230 NEWPORT CENTER DR, NEWPORT BEACH, CA 92660 | WALK LIST | 100.43 | 6290.96                                           |

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

See Instructions on Reverse

NAME OF FILER
NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

4. Summary

1. Total independent expenditures of $100 or more made this period. (Part 3.) .......................................................... $ 6,290.96
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 $ 6,290.96

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.

<table>
<thead>
<tr>
<th>1)</th>
<th>NAME OF FILING OFFICER</th>
<th>3)</th>
<th>NAME OF FILING OFFICER</th>
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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 benefited 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 01/21/2010
DATE

By PHIL PUHEK
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on 01/21/2010
DATE

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

Executed on
DATE

By
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROponent

Executed on
DATE

By
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROponent

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