

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 9

For Official Use Only

Statement covers period
from 07/01/2010
through 10/16/2010

Date of election if applicable:
(Month, Day, Year)

11/02/2010

Date Stamp

RECEIVED

2010 OCT 22 PM 2:19

mailed 10/21/10

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
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

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 | STATE | ZIP CODE | AREA CODE/PHONE |
|------------------------|-----------|--------------|-----------------------|
| <u>North Hollywood</u> | <u>CA</u> | <u>91602</u> | <u>(818) 769-2010</u> |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

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

Treasurer(s)

NAME OF TREASURER

PHILIP PUHEK

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> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
| | | | |

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 10/21/2010
Date

Executed on 10/21/2010
Date

Executed on _____
Date

Executed on _____
Date

By PHIL PUHEK
Signature of 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

**Recipient Committee
Campaign Statement
Cover Page - Part 2**

| |
|--------------------------------|
| CALIFORNIA FORM 460 |
| 2 / 9 |

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) _____

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP _____

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.

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O.BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O.BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

6. Ballot Measure Committee

NAME OF BALLOT MEASURE _____

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT _____

| | |
|-----------------------|---------------------|
| 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 | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2010</u> through <u>10/16/2010</u> | CALIFORNIA FORM 460 |
| | 3 / 9 |
| | I.D. NUMBER 1243243 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------|--------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ 5124.00 | \$ 14388.00 |
| 2. Loans Received | Schedule B, Line 7 | 0.00 | 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 | \$ 5124.00 | \$ 14388.00 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 | 5124.00 | \$ 14388.00 |

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

| | 1/1 through 6/30 | 7/1 to Date |
|---------------------------|------------------|-------------|
| 20. Contribution Received | \$ 0.00 | \$ 0.00 |
| 21. Expenditures Made | \$ 0.00 | \$ 0.00 |

Expenditures Made

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|----------------------|--|--|
| 6. Payments Made | Schedule E, Line 4 | \$ 12581.92 | \$ 13587.92 |
| 7. Loans Made | Schedule H, Line 7 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6 + 7 | \$ 12581.92 | \$ 13587.92 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | 0.00 | 0.00 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | 0.00 | 0.00 |
| 11. TOTAL EXPENDITURES MADE..... | Add Lines 8 + 9 + 10 | \$ 12581.92 | \$ 13587.92 |

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Current Cash Statement

| | | |
|---|---|-------------|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ 40438.09 |
| 13. Cash Receipts | Column A, Line 3 above | 5124.00 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | 0.00 |
| Cash Payments | Column A, Line 8 above | 12581.92 |
| 16. ENDING CASH BALANCE..... | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 32980.17 |

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

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).

| | | |
|------------------------------------|--------------------|---------|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | \$ 0.00 |
|------------------------------------|--------------------|---------|

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|---------------------------------------|---------|
| 18. Cash Equivalents | See instructions on reverse | \$ 0.00 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$ 0.00 |

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

| | |
|--|----------------------------|
| Statement covers period from <u>07/01/2010</u> through <u>10/16/2010</u> | CALIFORNIA FORM 460 |
| | 4 / 9 |
| I.D. Number 1243243 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|--|--|-----------------------------|---|------------------------------------|
| ID: | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |

SUBTOTAL \$ 0.00

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 | \$ | 5124.00 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) | TOTAL \$ | 5124.00 |

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

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2010</u> through <u>10/16/2010</u> | CALIFORNIA FORM 460 |
| | 5 / 9 |
| I.D. Number 1243243 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|--|---|--|-----------------------------------|---------------------------|---|------------------------------------|
| Rcpt Dt: 07/31/2010 | Miller, Kaplan, Arase & Co., LLP [REDACTED] ID: Ref: C1222 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Accounting Services - July 2010 | 1545.00 | 1545.00 | |
| Rcpt Dt: 08/30/2010 | Miller, Kaplan, Arase & Co., LLP [REDACTED] ID: Ref: C1223 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Accounting Services - August 2010 | 1305.00 | 2850.00 | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 2850.00

Schedule C Summary

| | | |
|--|-----------------|-------------|
| 1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.)..... | \$ | 0.00 |
| 2. Amount received this period - unitemized nonmonetary contributions of less than \$100 | \$ | 0.00 |
| 3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) | TOTAL \$ | 0.00 |

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

SCHEDULE C**Notes**

| Form/Schedule | Reference No | TEXT |
|---------------|--------------|--|
| C | CI222 | Payment of administrative expenses by sponsor. Reported pursuant to 2 CCR Sectin 18215(c)(16). |
| C | CI223 | Payment of administrative expenses by sponsor. Reported pursuant to 2 CCR Sectin 18215(c)(16). |

**Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

| | |
|---|--------------------------------|
| Statement covers period from <u>02/01/2010</u> | CALIFORNIA FORM 460 |
| through <u>10/16/2010</u> | |
| 7 / 9 | |
| I.D. NUMBER 1243243 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

| DATE | CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMMULATIVE TO DATE CALENDAR YEAR JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------|---|--|------------------------------|-----------------------|--|--|
| 10/04/2010 | Rush Hill City Council Member City Newport Beach District No: | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Postcard Mailer | 6190.53 | 6190.53 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 10/04/2010 | Leslie Daigle City Council Member City Newport Beach District No: | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Postcard Mailer | 6190.53 | 6190.53 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 10/12/2010 | Rush Hill City Council Member City Newport Beach District No: | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Walk List | 100.43 | 6290.96 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL \$

Schedule D Summary

| | |
|--|---------------------------------|
| 1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) | \$ <u>12581.92</u> |
| 2. Unitemized contributions and independent expenditures made this period of under \$100 | \$ <u>0.00</u> |
| 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) | TOTAL \$ <u>12581.92</u> |

Schedule D

**Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D

| | | |
|--|-------------------|-------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | <u>07/01/2010</u> | |
| through | <u>10/16/2010</u> | 8 / 9 |
| NAME OF FILER | | I.D. NUMBER |
| NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC | | 1243243 |

SEE INSTRUCTIONS ON REVERSE

| DATE | CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMMULATIVE TO DATE CALENDAR YEAR JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------|--|--|------------------------------|-----------------------|--|--|
| 10/12/2010 | Leslie Daigle City Council Member City Newport Beach District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Walk List | 100.43 | 6290.96 | |

| | | |
|--------------------|----------|--|
| SUBTOTAL \$ | 12581.92 | |
|--------------------|----------|--|

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100 \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** _____

**Schedule E
Payments Made**

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

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2010</u> through <u>10/16/2010</u> | CALIFORNIA FORM 460 |
| | 9 / 9 |
| | I.D. NUMBER 1243243 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|---|-------------|
| Firefighters Print & Design 1780 Creekside Oaks Dr. Sacramento CA 95833 | IND | | Postcard Mailer - Rush Hill And Leslie Daigle | 12381.06 |
| FedEx Office 230 Newport Center Dr. Newport Beach CA 92660 | IND | | Walk List - Rush Hill And Leslie Daigle | 200.86 |

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

SUBTOTAL \$ 12581.92

Schedule E Summary

| | | |
|--|-----------------|-----------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ | <u>12581.92</u> |
| 2. Unitemized payments made this period of under \$100. | \$ | <u>0.00</u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ | <u>0.00</u> |
| 4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ | <u>12581.92</u> |