### 1. Committee/Filer Information

- **Committee/Filer's Name**: NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC
- **I.D. Number (if recipient committee)**: 1243243
- **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

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

- **Name of Candidate**: RUSH HILL
- **Name of Ballot Measure**: CITY OF NEWPORT BEACH
- **Office Sought or Held and District, if Applicable**: COUNCIL

### 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 (Jan. 1 - Dec. 31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/4/2010</td>
<td>FIREFIIGHTERS 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>
<tr>
<td>10/12/2010</td>
<td>STATEWIDE INFORMATION SYSTEMS 2309 K ST., SUITE 200 SACRAMENTO, CA 95816</td>
<td>WALK LIST</td>
<td>369.67</td>
<td>6660.63</td>
</tr>
</tbody>
</table>
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.) ................................................ $ 6,660.63
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 $ 6,660.63

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
   NEWPORT BEACH CITY CLERK
   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 01/28/2011
DATE

By PHIL PUHEK
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on 01/28/2011
DATE

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

Executed on
DATE

Executed on
DATE

By
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROponent

By
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROponent

FPPC Form 465 (June/09)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)