### 1. Committee/Filer Information

<table>
<thead>
<tr>
<th>I.D. NUMBER (If recipient committee)</th>
<th>1243243</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMITTEE/FILER'S NAME</td>
<td>NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC</td>
</tr>
<tr>
<td>STREET ADDRESS (NO P.O. BOX)</td>
<td>c/o MILLER, KAPLAN, ARASE &amp; CO., LLP 4123 LANKERSHIM BLVD</td>
</tr>
<tr>
<td>CITY</td>
<td>NORTH HOLLYWOOD</td>
</tr>
<tr>
<td>STATE</td>
<td>CA</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td>91602</td>
</tr>
<tr>
<td>AREA CODE/PHONE</td>
<td>(818) 769-2010</td>
</tr>
</tbody>
</table>

### Treasurer (If recipient committee)

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>PHILIP PUHEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAILING ADDRESS</td>
<td>P.O. BOX 1695</td>
</tr>
<tr>
<td>CITY</td>
<td>NEWPORT BEACH</td>
</tr>
<tr>
<td>STATE</td>
<td>CA</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td>92659</td>
</tr>
<tr>
<td>AREA CODE/PHONE</td>
<td>(949) 472-6154</td>
</tr>
</tbody>
</table>

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

- NAME OF CANDIDATE: LESLIE DAIGLE
- OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE: NEWPORT BEACH CITY COUNCIL
- BALLOT NO./LETTER: SUPPORT
- JURISDICTION: SUPPORT

### 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>10/4/2010</td>
<td>FIREFIGHTERS PRINT &amp; DESIGN</td>
<td>POSTCARD MAILER</td>
<td>6190.53</td>
<td>6190.53</td>
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<tr>
<td></td>
<td>1780 CREEKSiDE OAKS DR, SACRAMENTO, CA 95833</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/12/2010</td>
<td>FED EX OFFICE</td>
<td>WALK LIST</td>
<td>100.43</td>
<td>6290.96</td>
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<tr>
<td></td>
<td>230 NEWPORT CENTER DR, NEWPORT BEACH, CA 92660</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>10/12/2010</td>
<td>STATEWIDE INFORMATION SYSTEMS</td>
<td>WALK LIST</td>
<td>369.67</td>
<td>6660.63</td>
</tr>
<tr>
<td></td>
<td>2309 K ST., SUITE 200, SACRAMENTO, CA 95816</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Supplemental Independent Expenditure Report

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

3) 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

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

By PHIL PUHEK
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on 01/28/2011

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

Executed on

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

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