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496 Independent Expenditure Report

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496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER
Newport Beach Firefighters Association PAC

AREA CODE/PHONE NUMBER
(562) 427-2100

STREET ADDRESS
California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426

CITY
Long Beach

STATE
CA

ZIP CODE
90807

I.D. NUMBER (if applicable)
1243243

Date of This Filing
02/02/2015

Report No.
110114-01

Amendment to Report No. 001
(explain below)

No. of Pages
2

Date Stamp
2015 FEB -4 PM 4: 3

OFFICE OF THE CITY CLERK
CITY OF NEWPORT BEACH

CALIFORNIA FORM 496

For Official Use Only

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED
Tim Brown

OFFICE SOUGHT OR HELD
Newport Beach City Council

DISTRICT NO.
2

SUPPORT OPPOSE

NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED

BALLOT NO./LETTER

JURISDICTION

SUPPORT OPPOSE

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
11/01/2014	LIT supporting Tim Brown for Council 2014 (Cumulative: \$16,952.03)	\$3,140.85
11/01/2014	LIT supporting Tim Brown for Council 2014 (Cumulative: \$16,952.03)	\$754.17
11/01/2014	LIT supporting Tim Brown for Council 2014 (Cumulative: \$16,952.03)	\$2,625.40
11/01/2014	POS supporting Tim Brown for Council 2014 (Cumulative: \$16,952.03)	\$3,158.87
11/01/2014	Subvendor payment: \$3,158.87 to US Post Office 3101 W. Sunflower Ave. Santa Ana, CA 92799	\$0.00
11/01/2014	PRT supporting Tim Brown for Council 2014 (Cumulative: \$16,952.03)	\$882.12

Reason for Amendment: _____ Add expenditure _____

TIME RECEIVED
February 4, 2015 4:12:32 PM PST

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DURATION
62

PAGES
2

STATUS
Received

Feb. 4, 2015 4:09PM

INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY

No. 4864 P. 1/2

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CALIFORNIA FORM 496

COMMITTEE NAME Newport Beach Firefighters Association PAC	I.D. NUMBER (if applicable) 1243243
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3. Contributions of \$100 or More Received*

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)	AMOUNT RECEIVED	INTEREST RATES
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*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

****Contributor Codes**
 IND-Individual
 COM-Recipient Committee (other than PTY or SCC)
 OTH-Other (e.g., business entity)
 PTY-Political Party
 SCC-Small Contributor Committee