

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp <b>RECEIVED</b> 2012 DEC 28 AM 11: 29	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>8</u> For Official Use Only

Statement covers period from <u>07/01/2012</u> through <u>10/20/2012</u>	Date of election if applicable: (Month, Day, Year) <u>11/06/2012</u>
--	--

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |   |   |
|---|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee  |
| <input type="radio"/> State Candidate Election Committee              | <input type="radio"/> Controlled  |
| <input type="radio"/> Recall<br><i>(Also Complete Part 5)</i>         | <input type="radio"/> Sponsored<br><i>(Also Complete Part 6)</i>  |
| <input checked="" type="checkbox"/> General Purpose Committee         | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i> |
| <input checked="" type="radio"/> Sponsored                            |   |
| <input type="radio"/> Small Contributor Committee                     |   |
| <input type="radio"/> Political Party/Central Committee               |   |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement   | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i>             | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below)<br><u>Summary Page, Schedules A and E</u> |   |

**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 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  
PO BOX 1695

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>NEWPORT BEACH</u>	<u>CA</u>	<u>92659</u>	<u>(949) 351-4187</u>

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
JOHN KLUVE

MAILING ADDRESS  
c/o Miller Kaplan Arase LLP 4123 Lankershim Blvd.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>North Hollywood</u>	<u>CA</u>	<u>91602</u>	<u>(949) 351-4187</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 12/27/2012  
Date

Executed on 12/27/2012  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By JOHN KLUVE   
Signature of Treasurer or Assistant Treasurer

By JOHN KLUVE   
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**

Type or print in ink.

COVER PAGE - PART 2

<b>CALIFORNIA FORM</b>	<b>460</b>
Page <u>2</u> of <u>8</u>	

**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 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. Primarily Formed 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 Candidate/Officeholder 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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

Statement covers period from <u>07/01/2012</u> through <u>10/20/2012</u>	<b>CALIFORNIA FORM</b> <b>460</b>
Page <u>3</u> of <u>8</u>	I.D. NUMBER 1243243

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>5640.00</u>	\$ <u>14046.00</u>
2. Loans Received ..... Schedule B, Line 3	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>5640.00</u>	\$ <u>14046.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>5640.00</u>	\$ <u>14046.00</u>

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>6250.00</u>	\$ <u>8250.00</u>
7. Loans Made ..... Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>6250.00</u>	\$ <u>8250.00</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>6250.00</u>	\$ <u>8250.00</u>

**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	\$ <u>59020.63</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>5640.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>.30</u>
15. Cash Payments ..... Column A, Line 8 above	<u>6250.00</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>58410.93</u>

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).

\*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0.00</u>
---	----------------

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>0.00</u>

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>07/01/2012</u> through <u>10/20/2012</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>8</u>
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/20/2012	SEE ATTACHED SCHEDULE	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5639.70	14045.70	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$ 5639.70**

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$	5639.70
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$	.30
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$</b>	<b>5640.00</b>

\*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

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>07/01/2012</u> through <u>10/20/2012</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>8</u>
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)
07/31/12	Newport Beach Firefighters Association c/o Miller Kaplan Arase LLP 4123 Lankershim Blvd. North Hollywood, CA 91602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Accounting Services - July 2012 \$370.00	0.00	0.00	
	Memo: Payment of administrative expenses by sponsor. Reported pursuant to 2 CCR Section 18215(c) (16).	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions. (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.) .....	<b>TOTAL \$</b>	0.00

\*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

**Schedule D  
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 07/01/2012  
through 10/20/2012

SCHEDULE D

**CALIFORNIA FORM 460**

Page 6 of 8

I.D. NUMBER  
1243243

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/02/2012	Tax Payers for Measure EE Newport Beach Charger Amendments - Measure EE - Newport Beach City	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		3000.00	3000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/05/2012	No on 32 Political Contributions by Payroll Deduction - Proposition 32	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		3250.00	3250.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL \$</b>				<b>6250.00</b>		

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... \$ 6250.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 6250.00

**Schedule E  
Payments Made**

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

SCHEDULEE

Statement covers period from <u>07/01/2012</u> through <u>10/20/2012</u>	<b>CALIFORNIA FORM</b> <b>460</b>
	Page <u>7</u> of <u>8</u>
	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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Tax Payers for Measure EE ID 1350862 1970 Port Provence Newport Beach, CA 92660	CTB	Contribution made by sponsor's General Fund	3000.00
No on 32 ID 1340076 555 Capital Mall, Ste 1425 Sacramento, CA 95814	CTB		3250.00

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

**SUBTOTAL \$ 6250.00**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 6250.00
2. Unitemized payments made this period of under \$100	\$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 6250.00</b>

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Statement covers period from <u>07/01/2012</u> through <u>10/20/2012</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>8</u> of <u>8</u>
I.D. NUMBER 1243243	

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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

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

**SUBTOTAL \$**



NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC  
I.D. NUMBER: 1243243  
Schedule A - Monetary Contributions Received  
Statement covers period from 07/01/2012 through 10/20/2012

	Contributor Code	Occupation Employer	Amount Received this Period			Prior Period	Year to Date
			09/24/12	10/02/12	Total		
Alex Amat	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Mathew Amrose	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Bryce Anderson	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Mathew Anderson	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Rob Beuch	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Casey Blythe	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Jeff Bogin	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
James Boland	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Bill Boullianne	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Jeff Boyles	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Chris Brown	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Erin Brown	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Ryan Bullock	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Justin Carr	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Bryan Carter	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Geoff Cathey	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Dan Chapman	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Joel Chidley	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Brent Conklin	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Kelly Conte (Gorman)	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Charles Dall	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Adam Davenport	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Justin Dean	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Charles Duncan	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Oscar Dykesten	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Dennis Edwards	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Lloyd Ellis	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Chris Fanti	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Jason Fernandez	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Brian Frasz	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Cory Freeman	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Ronald Gamble	Ind	Fire Fighter	24.00	27.27	51.27	12.00	63.27
Pete Garcia	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Mark Garman	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Clifford Geddis	Ind	Fire Fighter	-	-	-	30.00	30.00
Kevin Gonzalez	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Ron Gutierrez	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Susan Guzzetta	Ind	Fire Fighter	24.00	27.27	51.27	30.00	81.27
Joe Harrison	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Keith Hendenberg	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Thomas Herr	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Andrew Hopper	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Cameron Hutzler	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Andrew Janis	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
James Jeziorski	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27

All contributors employment address is: 3300 Newport Blvd., Newport Beach, CA 92663  
All contributors are Firefighters and employed by the City of Newport Beach  
Contributions received through intermediary - Newport Beach Firefighters Association

NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC  
I.D. NUMBER: 1243243  
Schedule A - Monetary Contributions Received  
Statement covers period from 07/01/2012 through 10/20/2012

Contributor	Occupation	Amount Received this Period			Prior Period	Year to Date	
		Code	Employer	09/24/12			10/02/12
Andrew Kaford	Ind	Fire Fighter	24.00	27.27	51.27	48.00	99.27
Ray Kang	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Charles Keen	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Justin Keene	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Brandon Kent	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Justin Kime	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
John Kluve	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Todd Knipp	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Joseph Laser	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Jon Lauderdale	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Garrick Lazar	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Jerry Lazar	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Jason Leftige	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Kim Lerch	Ind	Fire Fighter	-	-	-	30.00	30.00
Michael Liberto	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Thomas Lloy	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Jacob Long	Ind	Fire Fighter	24.00	27.27	51.27	48.00	99.27
Nic Lucas	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Ty Lunde	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Brian Mahnken	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Jeremiah Martin	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Steve Martin	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Brett McAllister	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Mathew McClarey	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Brian McDonough	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Carlos Medina	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Steven Michael	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
John Mollica	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Nadine Morris	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Michael Mullen	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Joel Nessa	Ind	Fire Fighter	24.00	27.27	51.27	48.00	99.27
Adam Novak	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Ryan O'Leary	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Jude Olivas	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Armando Oseguera	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Grant Parsons	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Chad Ponegalek	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Ryan Popovich	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Phil Puhek	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Aaron Reed	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
James Reideler	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Matthew Reis	Ind	Fire Fighter	24.00	27.27	51.27	48.00	99.27
Ralph Restadius	Ind	Fire Fighter	-	-	-	12.00	12.00
Timothy Richards	Ind	Fire Fighter	-	-	-	36.00	36.00
Richard Ruffini	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Dean Rush	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27

All contributors employment address is: 3300 Newport Blvd., Newport Beach, CA 92663  
All contributors are Firefighters and employed by the City of Newport Beach  
Contributions received through intermediary - Newport Beach Firefighters Association

NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC  
I.D. NUMBER: 1243243  
Schedule A - Monetary Contributions Received  
Statement covers period from 07/01/2012 through 10/20/2012

	Contributor Code	Occupation Employer	Amount Received this Period			Prior Period	Year to Date
			09/24/12	10/02/12	Total		
Bobby Salerno	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Jennifer Schultz	Ind	Fire Fighter	24.00	27.27	51.27	30.00	81.27
Adam Schwegman	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
David Shank	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Travis Shook	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Brad Smith	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Michael Sodergren	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Chad Spiker	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Nick Stocks	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
James Strack	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Brett Sutherland	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Roman Tajjeron	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Terry Teale	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
John Testa	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Kevin Tiscareno	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Tommy Van Andel	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Glenn White	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Edward Wick	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Keith Winokur	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Nick Yaroma	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Mike Ybarra	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Michael Zaccaro	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
Rick Zaccaro	Ind	Fire Fighter	24.00	27.27	51.27	78.00	129.27
			<u>2,640.00</u>	<u>2,999.70</u>	<u>5,639.70</u>	<u>8,406.00</u>	<u>14,045.70</u>

All contributors employment address is: [REDACTED]  
All contributors are Firefighters and employed by the City of Newport Beach  
Contributions received through intermediary - Newport Beach Firefighters Association