

Statement of Organization  
Recipient Committee

Statement Type  Initial  Amendment  Termination- See Part 5  
 Not yet qualified  or  
 List I.D. number: # 1243243  
 Date qualified as committee \_\_\_\_\_ Date of Termination \_\_\_\_\_  
 (If applicable)

RECEIVED

STATEMENT OF ORGANIZATION

Date Stamp: 2013 OCT 21

**CALIFORNIA FORM 410**  
# for Official Use Only

OFFICE OF THE CITY CLERK  
CITY OF NEWPORT BEACH

**1. Committee Information**

NAME OF COMMITTEE  
**Newport Beach Firefighters Association PAC**

STREET ADDRESS (NO P.O. BOX)  
**California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90807	(562) 427-2100

MAILING ADDRESS (IF DIFFERENT)  
**PO Box 1695 Newport Beach, CA 92659**

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Orange	

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
**John Kluve**

STREET ADDRESS (NO P.O. BOX)  
**California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90807	(562) 427-2100

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)  
**John Kluve**

STREET ADDRESS (NO P.O. BOX)  
**California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90807	(562) 427-2100

**3. Verification**

I have used all reasonable diligence in preparing 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 <u>10-11-13</u> DATE	By <u><i>John Kluve</i></u> SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on _____ DATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ DATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ DATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

STATEMENT OF ORGANIZATION

**CALIFORNIA FORM 410**

Page 2

COMMITTEE NAME

Newport Beach Firefighters Association PAC

I.D. NUMBER

1243243

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE (949) 721-8437	BANK ACCOUNT NUMBER 7166195284	
ADDRESS 5 Corporate Plaza Dr.	CITY Newport Beach	STATE CA	ZIP CODE 92660

**4. Type of Committee** Complete the applicable sections:

**Controlled Committee**

- List the name of each controlling office holder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO, CITY, OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization  
Recipient Committee**

STATEMENT OF ORGANIZATION

**CALIFORNIA  
FORM 410**

COMMITTEE NAME  
Newport Beach Firefighters Association PAC

Page 3  
I.D. NUMBER  
1243243

**4. Type of Committee** (Continued)

**General Purpose Committee** Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee     COUNTY Committee     STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

To support or oppose candidates, propositions and ballot measures which further the goals of the association

**Sponsored Committee** List additional sponsors on an attachment.

NAME OF SPONSOR Newport Beach Firefighters Association		INDUSTRY GROUP OR AFFILIATION OF SPONSOR Membership organization		
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
3300 Newport Beach Blvd.		Newport Beach	CA	92663

**Small Contributor Committee**  \_\_\_\_\_  
Date qualified

**5. Termination Requirements** By signing the verification, the treasurer, assistant treasurer, and/or candidate, officeholder or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.