

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Amendment (Explain Below)

Report covers period from <u>07/01/2014</u> through <u>10/18/2014</u>	Date Stamp RECEIVED 2014 OCT 24 AM 10:24	CALIFORNIA FORM 465 Page <u>1</u> of <u>2</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>11/04/2014</u>		

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
1243243

COMMITTEE/FILER'S NAME
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
OPTIONAL: FAX/E-MAIL ADDRESS
johnkluve@gmail.com

Treasurer (If recipient committee)

NAME OF TREASURER
John Kluve
MAILING ADDRESS
California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426
CITY STATE ZIP CODE AREA CODE/PHONE
Long Beach CA 90807 (562) 427-2100
OPTIONAL: FAX/E-MAIL ADDRESS

OFFICE OF THE CITY CLERK
CITY OF NEWPORT BEACH

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE <u>Mike Toerge</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>Newport Beach City Council 6</u>	CHECK ONE	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER JURISDICTION	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>

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

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)
10/15/2014	Mike Toerge for City Council 2014 3810 E. Coast Hwy., Ste. 4 Corona del Mar, CA 92625	Literature & Postage	\$6,390.62	\$6,390.62

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4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.).....	\$6,390.62
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	\$6,390.62

5. Filing Officers *Enter 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		
<u>City of Newport Beach</u>		
ADDRESS (NO. AND STREET)		
<u>100 Civic Center Dr.</u>		
CITY	STATE	ZIP CODE
<u>Newport Beach</u>	<u>CA</u>	<u>92660</u>

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 benefited 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 10/17/14
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By _____
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