

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink

RECEIVED
Date Stamp

COVER PAGE

CALIFORNIA 460
2001/02
FORM

Page 1 of 10
For Official Use Only

Statement covers period
from 1/01/2015
through 6/30/2015

Date of election if applicable:
(Month, Day, Year)
11/04/2014

2015 JUL 30 AM 9:54
CITY CLERK
NEWPORT BEACH

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement-Attach Form 495

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)
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) NO. AND STREET OR P.O. BOX
PO Box 1695

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Newport Beach	CA	92659	

OPTIONAL: FAX/E-MAIL ADDRESS
johnkluve@gmail.com

Treasurer(s)

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

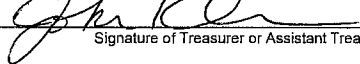
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/30/14
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of 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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline:
866/ASK-FPPC
(866/275-3772)
State of California

**Recipient Committee
Campaign Statement
Cover Page-Part 2**

Type or print in ink

COVER PAGE-PART 2

CALIFORNIA		460
FORM		
Page	<u>2</u>	of <u>10</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 _____

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

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period	CALIFORNIA FORM 460
from <u>01/01/2015</u> through <u>06/30/2015</u>	
Page <u>3</u> of <u>10</u>	

NAME OF FILER Newport Beach Firefighters Association PAC	I.D. NUMBER 1243243
---	------------------------

	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$8,460.00	\$8,460.00
2. Loans Received..... Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+ 2	\$8,460.00	\$8,460.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$1,467.57	\$1,467.57
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$9,927.57	\$9,927.57

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	_____	_____

	Column A	Column B
6. Payments Made..... Schedule E, Line 4	\$3.00	\$3.00
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$3.00	\$3.00
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$0.00	\$11,500.00
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$1,467.57	\$1,467.57
11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10	\$1,470.57	\$12,970.57

Expenditure Limit Summary for State Candidates	
Date of Election (mm/dd/yyyy)	Total to Date
	22. Cumulative Expenditures Made * (If Subject to Voluntary Expenditure Limit)

Current Cash Statement	
12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$63,636.02
13. Cash Receipts..... Column A, Line 3 above	\$8,460.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$0.13
15. Cash Payments..... Column A, Line 8 above	\$3.00
16. ENDING CASH BALANCE Add Lines 12+13+14, then subtract Line 15	\$72,093.15
If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$0.00

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).

Cash Equivalents and Outstanding Debts	
18. Cash Equivalents..... See instructions on reverse	\$0.00
19. Outstanding Debts..... Add Line 2+Line 9 in Column B above	\$11,500.00

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from <u>01/01/2015</u> through <u>06/30/2015</u>	
Page <u>4</u> of <u>10</u>	

NAME OF FILER
Newport Beach Firefighters Association PAC

I.D. NUMBER
1243243

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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$0.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.
(Include all Schedule A subtotals.)..... \$0.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$8,460.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$8,460.00

*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 C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period	CALIFORNIA FORM 460
from <u>01/01/2015</u> through <u>06/30/2015</u>	
Page <u>5</u> of <u>10</u>	

NAME OF FILER
Newport Beach Firefighters Association PAC

I.D. NUMBER
1243243

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)
01/01/2015	Newport Beach Firefighters Association [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Campaign software	\$75.00	\$1,467.57	
01/13/2015	Newport Beach Firefighters Association [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Professional services	\$929.97	\$1,467.57	
02/19/2015	Newport Beach Firefighters Association [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Professional services	\$193.80	\$1,467.57	

SUBTOTAL \$1,198.77

Schedule C Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule C subtotals.)..... \$1,467.57

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 on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL** \$1,467.57

*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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period	CALIFORNIA FORM 460
from <u>01/01/2015</u> through <u>06/30/2015</u>	
Page <u>6</u> of <u>10</u>	

NAME OF FILER Newport Beach Firefighters Association PAC	I.D. NUMBER 1243243
---	------------------------

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)
03/09/2015	Newport Beach Firefighters Association [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Professional services	\$193.80	\$1,467.57	
04/01/2015	Newport Beach Firefighters Association [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Campaign software	\$75.00	\$1,467.57	

SUBTOTAL	\$268.80
-----------------	----------

Schedule C Summary

- Amount received this period -itemized monetary contributions.
(Include all Schedule C subtotals.).....
- Amount received this period -unitemized nonmonetary contributions of less than \$100.....
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL**

\$1,467.57
\$0.00
\$1,467.57

*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 E
Payments Made**

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

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from <u>01/01/2015</u> through <u>06/30/2015</u>	
Page <u>7</u> of <u>10</u>	

NAME OF FILER
Newport Beach Firefighters Association PAC

I.D. NUMBER
1243243

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 | 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

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

SUBTOTAL \$0.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$0.00
2. Unitemized payments made this period of under \$100.....	\$3.00
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.)..... TOTAL	\$3.00

**Schedule F
Accrued Expenses (Unpaid Bills)**

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

SCHEDULE F

Statement covers period	CALIFORNIA FORM 460
from <u>01/01/2015</u> through <u>06/30/2015</u>	
Page <u>8</u> of <u>10</u>	

NAME OF FILER
Newport Beach Firefighters Association PAC

I.D. NUMBER
1243243

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 | 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Newport Beach Police Employees Association PAC 1415 L St., Ste. 410 Sacramento, CA 95814	POL	\$11,500.00	\$0.00	\$0.00	\$11,500.00
SUBTOTALS		\$11,500.00	\$0.00	\$0.00	\$11,500.00

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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	INCURRED TOTALS	\$0.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	PAID TOTALS	\$0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET	\$0.00
		(May be a negative number)

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period	CALIFORNIA FORM 460
from <u>01/01/2015</u> through <u>06/30/2015</u>	
Page <u>9</u> of <u>10</u>	

NAME OF FILER Newport Beach Firefighters Association PAC	I.D. NUMBER 1243243
---	------------------------

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$0.00

Schedule I Summary

1. Itemized increases to cash this period.....	\$0.00
2. Unitemized increases to cash of under \$100 this period.....	\$0.13
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	TOTAL \$0.13

Notes and Memos

COMMITTEE NAME

Newport Beach Firefighters Association PAC

I.D. NUMBER

1243243

FORM/SCHEDULE	REFERENCE NUMBER (IF APPLICABLE)	TEXT
A		Newport Beach Firefighters Assn. serves as the intermediary only; no contributor of \$100 or more