

**Statement of Organization  
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type  Initial  
Not yet qualified  or

Amendment  
List I.D. number:  
# 1243243

Termination – See Part 5  
List I.D. number:  
# \_\_\_\_\_

\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_  
Date qualified as committee  
(If applicable)

\_\_\_\_\_  
Date of Termination

Date Stamp	<b>CALIFORNIA FORM 410</b> For Official Use Only 2012 JUN 13 AM 8:49 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH

**1. Committee Information**

NAME OF COMMITTEE  
NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

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STREET ADDRESS (NO P.O. BOX)  
c/o Miller, Kaplan, Arase & Co., LLP 4123 Lankershim Blvd

CITY STATE ZIP CODE AREA CODE/PHONE  
North Hollywood CA 91602 (818) 769-2010

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MAILING ADDRESS (IF DIFFERENT)  
P.O. BOX 1695 NEWPORT BEACH, CA 92659

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OPTIONAL: FAX / E-MAIL ADDRESS

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COUNTY OF DOMICILE ORANGE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
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**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
PHILIP PUHEK

STREET ADDRESS (NO P.O. BOX)  
c/o Miller, Kaplan, Arase & Co., LLP 4123 Lankershim Blvd.

CITY STATE ZIP CODE AREA CODE/PHONE  
North Hollywood CA 91602 (949) 295-5817

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NAME OF ASSISTANT TREASURER, IF ANY

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STREET ADDRESS (NO P.O. BOX)

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CITY STATE ZIP CODE AREA CODE/PHONE

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NAME OF PRINCIPAL OFFICER(S)  
PHILIP PUHEK

STREET ADDRESS (NO P.O. BOX)  
c/o Miller, Kaplan, Arase & Co., LLP 4123 Lankershim Blvd.

CITY STATE ZIP CODE AREA CODE/PHONE  
North Hollywood CA 91602 (818) 769-2010

Attach additional information on appropriately labeled continuation sheets.

**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 06/12/2012  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By PHIL PUHEK   
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME

NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

I.D. NUMBER

1243243

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

**Controlled Committee**

- List the name of each controlling officeholder, 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
N/A			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
N/A			
ADDRESS	CITY	STATE	ZIP CODE

**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	
		SUPPORT	OPPOSE
N/A			
		SUPPORT	OPPOSE

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COMMITTEE NAME

NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

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 FUTHER 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.