

**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

Date qualified as committee

Date qualified as committee
(If applicable)

Termination - See Part 5

List I.D. number:

Date of Termination

Date Stamp	CALIFORNIA FORM 410
	For Official Use Only
	2010 SEP -2 AM 9: 24
	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)

c/o Miller, Kaplan, Arase & Co., LLP 4123 Lankershim Blvd

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

North Hollywood	CA	91602	(818) 769-2010
-----------------	----	-------	----------------

MAILING ADDRESS (IF DIFFERENT)

P.O. BOX 1695 NEWPORT BEACH, CA 92659

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

ORANGE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

PHILIP PUHEK

STREET ADDRESS (NO P.O. BOX)

P.O. BOX 1695

CITY	STATE	ZIP CODE	AREA CODE/PHONE
NEWPORT BEACH	CA	92659	(949) 472-6154

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

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

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 08/26/2010
DATE

By PHIL PUHEK 
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