

**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
(If applicable)

Termination - See Part 5
List I.D. number:

Date of Termination

Date Stamp
*Rec'd
9/27/06
ll*

CALIFORNIA FORM 410
For Official Use Only

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 <u>North Hollywood</u>	STATE <u>CA</u>	ZIP CODE <u>91602</u>	AREA CODE/PHONE <u>(818) 769-2010</u>
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MAILING ADDRESS (IF DIFFERENT)
P.O. 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
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Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
BRIAN McDONOUGH

STREET ADDRESS
P.O. BOX 1695

CITY <u>NEWPORT BEACH</u>	STATE <u>CA</u>	ZIP CODE <u>92659</u>	AREA CODE/PHONE <u>(949) 472-6154</u>
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NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 09/25/2006
DATE

Executed on 09/25/2006
DATE

Executed on _____
DATE

Executed on _____
DATE

By BRIAN McDONOUGH * *Brian McDonough*
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