

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

| | |
|---|---|
| Date Stamp RECEIVED 2006 OCT -6 AM 10:13 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>20</u> For Official Use Only |

Statement covers period
 from 07/01/2006
 through 09/30/2006

Date of election if applicable:
 (Month, Day, Year)
11/07/2006

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Controlled |
| <input type="radio"/> Recall <i>(Also Complete Part 5)</i> | <input type="radio"/> Sponsored <i>(Also Complete Part 6)</i> |
| <input checked="" type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <i>(Also Complete Part 7)</i> |
| <input checked="" type="radio"/> Sponsored | |
| <input type="radio"/> Small Contributor Committee | |
| <input type="radio"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement <i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |
- Postmarked 10-5-06 sent UPS next Day*

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)

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

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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| | | | |
|----------------------|-----------|--------------|-----------------------|
| <u>P.O. BOX 1695</u> | | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>NEWPORT BEACH</u> | <u>CA</u> | <u>92659</u> | <u>(949) 472-6154</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

BRIAN McDONOUGH

MAILING ADDRESS

P.O. BOX 1695

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

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 10/05/2006
Date

Executed on 10/05/2006
Date

Executed on _____
Date

Executed on _____
Date

By BRIAN McDONOUGH *Brian McDonough*
Signature of Treasurer or Assistant Treasurer

By BRIAN McDONOUGH *Brian McDonough*
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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

2 / 20

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 to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT
 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 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

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 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 from <u>07/01/2006</u> through <u>09/30/2006</u> | CALIFORNIA FORM 460 |
| | 3/20 |
| | I.D. NUMBER 1243243 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------|--------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ 3633.95 | \$ 10306.30 |
| 2. Loans Received | Schedule B, Line 7 | 0.00 | 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 | \$ 3633.95 | \$ 10306.30 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 | \$ 3633.95 | \$ 10306.30 |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|------------------------------|------------------|-------------|
| 20. Contribution Received \$ | 0.00 | 0.00 |
| 21. Expenditures Made \$ | 0.00 | 0.00 |

Expenditures Made

| | | Column A | Column B |
|--|----------------------|-------------|-------------|
| 6. Payments Made | Schedule E, Line 4 | \$ 20883.18 | \$ 21683.18 |
| 7. Loans Made | Schedule H, Line 7 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6 + 7 | \$ 20883.18 | \$ 21683.18 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | 0.00 | 0.00 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | 0.00 | 0.00 |
| 11. TOTAL EXPENDITURES MADE..... | Add Lines 8 + 9 + 10 | \$ 20883.18 | \$ 21683.18 |

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Current Cash Statement

| | | |
|---|---|-------------|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ 38339.89 |
| 13. Cash Receipts | Column A, Line 3 above | 3633.95 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | 17.50 |
| Cash Payments | Column A, Line 8 above | 20883.18 |
| 16. ENDING CASH BALANCE..... | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 21108.16 |

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).

If this is a termination statement, Line 16 must be zero.

| | | |
|-----------------------------------|--------------------|---------|
| 17. LOAN GUARANTEES RECEIVED..... | Schedule B, Part 2 | \$ 0.00 |
|-----------------------------------|--------------------|---------|

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 | \$ 0.00 |

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2006</u> through <u>09/30/2006</u> | CALIFORNIA FORM 460 |
| | 4 / 20 |
| I.D. Number 1243243 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

| DATE RECEIVED | FULL NAME, MAILING 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) |
|---------------|---|--|--|-----------------------------|---|------------------------------------|
| | ID: | <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 - contributions of \$100 or more. (Include all Schedule A subtotals.) | \$ | <u>0.00</u> |
| 2. Amount received this period - unitemized contributions of less than \$100 | \$ | <u>3633.95</u> |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) | TOTAL \$ | <u>3633.95</u> |

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D

| | | |
|---|--|-------------------------------|
| Statement covers period from <u>07/01/2006</u> | | CALIFORNIA FORM 460 |
| through <u>09/30/2006</u> | | |
| | | 5 / 20 |
| NAME OF FILER NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC | | I.D. NUMBER 1243243 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

| DATE | CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMMULATIVE TO DATE CALENDAR YEAR JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------|---|--|------------------------------|-----------------------|--|--|
| 09/21/2006 | Michael Henn City Council Member City Newport Beach District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Postcard | 1120.67 | 1120.67 | |
| 09/21/2006 | Michael Henn City Council Member City Newport Beach District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Postcard | 629.91 | 1750.58 | |
| 09/21/2006 | Michael Henn City Council Member City Newport Beach District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Postcard | 701.28 | 2451.86 | |

SUBTOTAL \$

Schedule D Summary

| | |
|---|---------------------------------|
| 1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) | \$ <u>20474.10</u> |
| 2. Unitemized contributions and independent expenditures made this period of under \$100 | \$ <u>0.00</u> |
| 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... | TOTAL \$ <u>20474.10</u> |

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D

| | |
|---|--------------------------------|
| Statement covers period from <u>07/01/2006</u> | CALIFORNIA FORM 460 |
| through <u>09/30/2006</u> | |
| 6 / 20 | |
| I.D. NUMBER 1243243 | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

| DATE | CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMMULATIVE TO DATE CALENDAR YEAR JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------|--|--|------------------------------|-----------------------|--|--|
| 09/21/2006 | Michael Henn City Council Member City Newport Beach District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Door Hangers | 143.20 | 2595.06 | |
| 09/21/2006 | Barbara Venezia City Council Member City Newport Beach District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Postcard | 1120.67 | 1120.67 | |
| 09/21/2006 | Barbara Venezia City Council Member City Newport Beach District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Postcard | 629.91 | 1750.58 | |

SUBTOTAL \$

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100 \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** _____

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D

| | | |
|---|--|--------------------------------|
| Statement covers period from <u>07/01/2006</u> | | CALIFORNIA FORM 460 |
| through <u>09/30/2006</u> | | |
| | | 7/20 |
| NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC | | I.D. NUMBER 1243243 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

| DATE | CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMMULATIVE TO DATE CALENDAR YEAR JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------|--|--|------------------------------|-----------------------|--|--|
| 09/21/2006 | Barbara Venezia City Council Member City Newport Beach District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Postcard | 701.28 | 2451.86 | |
| 09/21/2006 | Barbara Venezia City Council Member City Newport Beach District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Door Hangers | 143.21 | 2595.07 | |
| 09/21/2006 | Leslie Daigle City Council Member City Newport Beach District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Postcard | 1120.66 | 1120.66 | |

SUBTOTAL \$

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100 \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** _____

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D

| | |
|---|--------------------------------|
| Statement covers period from <u>07/01/2006</u> | CALIFORNIA FORM 460 |
| through <u>09/30/2006</u> | |
| 8 / 20 | |
| I.D. NUMBER 1243243 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

| DATE | CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMMULATIVE TO DATE CALENDAR YEAR JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------|--|--|------------------------------|-----------------------|--|--|
| 09/21/2006 | Leslie Daigle City Council Member City Newport Beach District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Postcard | 629.92 | 1750.58 | |
| 09/21/2006 | Leslie Daigle City Council Member City Newport Beach District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Postcard | 701.28 | 2451.86 | |
| 09/21/2006 | Leslie Daigle City Council Member City Newport Beach District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Door Hangers | 143.21 | 2595.07 | |

SUBTOTAL \$

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100 \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** _____

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2006</u> through <u>09/30/2006</u> | CALIFORNIA FORM 460 |
| | 9 / 20 |
| I.D. NUMBER 1243243 | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

| DATE | CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMMULATIVE TO DATE CALENDAR YEAR JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------|--|--|------------------------------|-----------------------|--|--|
| 09/21/2006 | Ed Selich City Council Member City Newport Beach District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Postcard | 1120.66 | 1120.66 | |
| 09/21/2006 | Ed Selich City Council Member City Newport Beach District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Postcard | 629.92 | 1750.58 | |
| 09/21/2006 | Ed Selich City Council Member City Newport Beach District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Postcard | 701.28 | 2451.86 | |

SUBTOTAL \$

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ _____
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- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** _____

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
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|---|--|--------------------------------|
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| through <u>09/30/2006</u> | | |
| | | 10 / 20 |
| | | I.D. NUMBER 1243243 |

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| DATE | CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMMULATIVE TO DATE CALENDAR YEAR JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------|---|--|------------------------------|-----------------------|--|--|
| 09/21/2006 | Ed Selich City Council Member City Newport Beach District No: | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Door Hangers | 143.21 | 2595.07 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 09/21/2006 | Don Webb City Council Member City Newport Beach District No: | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Postcard | 1120.66 | 1120.66 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 09/21/2006 | Don Webb City Council Member City Newport Beach District No: | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Postcard | 629.92 | 1750.58 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL \$

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100 \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** _____

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
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to whole dollars.

SCHEDULE D

| | |
|---|--------------------------------|
| Statement covers period from <u>09/01/2006</u> | CALIFORNIA FORM 460 |
| through <u>09/30/2006</u> | |
| 11 / 20 | |
| I.D. NUMBER 1243243 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

| DATE | CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMMULATIVE TO DATE CALENDAR YEAR JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------|--|--|------------------------------|-----------------------|--|--|
| 09/21/2006 | Don Webb City Council Member City Newport Beach District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Postcard | 701.28 | 2451.86 | |
| 09/21/2006 | Don Webb City Council Member City Newport Beach District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Door Hangers | 143.21 | 2595.07 | |
| 09/21/2006 | Keith Curry City Council Member City Newport Beach District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Postcard | 1120.66 | 1120.66 | |

SUBTOTAL \$

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100 \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** _____

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2006</u> through <u>09/30/2006</u> | CALIFORNIA FORM 460 |
| | 12 / 20 |
| I.D. NUMBER 1243243 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

| DATE | CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMMULATIVE TO DATE CALENDAR YEAR JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------|--|--|------------------------------|-----------------------|--|--|
| 09/21/2006 | Keith Curry City Council Member City Newport Beach District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Postcard | 629.91 | 1750.57 | |
| 09/21/2006 | Keith Curry City Council Member City Newport Beach District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Postcard | 701.28 | 2451.85 | |
| 09/21/2006 | Keith Curry City Council Member City Newport Beach District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Door Hangers | 143.21 | 2595.06 | |

SUBTOTAL \$

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100 \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** _____

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D

| | | |
|---------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from <u>07/01/2006</u> | | |
| through <u>09/30/2006</u> | | 13 / 20 |
| | | I.D. NUMBER 1243243 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

| DATE | CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMMULATIVE TO DATE CALENDAR YEAR JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------|---|---|------------------------------|-----------------------|--|--|
| 09/21/2006 | Measure V - Newport Beach City District No: | <input type="checkbox"/> Monetary Contribution | Postcard | 1120.66 | 1120.66 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Non-Monetary Contribution | | | | |
| 09/21/2006 | Measure V - Newport Beach City District No: | <input type="checkbox"/> Monetary Contribution | Postcard | 629.91 | 1750.57 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Non-Monetary Contribution | | | | |
| 09/21/2006 | Measure V - Newport Beach City District No: | <input type="checkbox"/> Monetary Contribution | Postcard | 701.28 | 2451.85 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Non-Monetary Contribution | | | | |

SUBTOTAL \$

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100 \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** _____

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D

| | | |
|---|--|--------------------------------|
| Statement covers period from <u>07/01/2006</u> | | CALIFORNIA FORM 460 |
| through <u>09/30/2006</u> | | |
| | | 14 / 20 |
| | | I.D. NUMBER 1243243 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

| DATE | CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMMULATIVE TO DATE CALENDAR YEAR JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------|---|--|------------------------------|-----------------------|--|--|
| 09/21/2006 | Measure X - Newport Beach City District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Postcard | 1120.66 | 1120.66 | |
| 09/21/2006 | Measure X - Newport Beach City District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Postcard | 629.91 | 1750.57 | |
| 09/21/2006 | Measure X - Newport Beach City District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Postcard | 701.28 | 2451.85 | |

SUBTOTAL \$ 20474.10

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100 \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** _____

**Schedule E
Payments Made**

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

SCHEDULE E

| | |
|---|--------------------------------|
| Statement covers period from <u>07/01/2006</u> | CALIFORNIA FORM 460 |
| through <u>09/30/2006</u> | |
| 15 / 20 | |
| I.D. NUMBER 1243243 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

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 supporting/opposing others (explain)* | 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, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| Firefighters Print & Design 1780 Creekside Oaks Drive Sacramento CA 95833 ID: CI4 Ref: CI4 | IND | | 8965.30 |
| Firefighters Print & Design 1780 Creekside Oaks Drive Sacramento CA 95833 ID: CI5 Ref: CI5 | IND | | 5039.31 |
| Firefighters Print & Design 1780 Creekside Oaks Drive Sacramento CA 95833 ID: CI6 Ref: CI6 | IND | | 5610.24 |

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

SUBTOTAL \$

Schedule E Summary

| | |
|--|--------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ 20883.18 |
| 2. Unitemized payments made this period of under \$100. | \$ 0.00 |
| 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 \$ 20883.18 |

**Schedule E
Payments Made**

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

SCHEDULE E

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2006</u> through <u>09/30/2006</u> | CALIFORNIA FORM 460 |
| | 16/20 |
| | I.D. NUMBER 1243243 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

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 supporting/opposing others (explain)* | 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, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|-----------------------------|-------------|
| Firefighters Print & Design 1780 Creekside Oaks Drive ID: Ref: CI7 | IND | | 859.25 |
| Sacramento CA 95833 | | | |
| Brian McDonough PO Box 1695 ID: | | Council Interview Lunches | 50.00 |
| Newport Beach CA 92663 | | | |
| Brian McDonough PO Box 1695 ID: | | Meeting And Office Expenses | 89.08 |
| Newport Beach CA 92663 | | | |

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

SUBTOTAL \$

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
2. Unitemized payments made this period of under \$100. \$ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** _____

**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>07/01/2006</u> | |
| through | <u>09/30/2006</u> | 17 / 20 |
| | | I.D. NUMBER |
| | | 1243243 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

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 supporting/opposing others (explain)* | 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, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|-----|------------------------|-------------|
| Jeff Remmele PO Box 1695 Newport Beach, CA 92663 | PRO | ID: | | 150.00 |
| Miller, Kaplan, Arase & Co., LLP 4123 Lankershim Blvd. North Hollywood, CA 91602 | PRO | ID: | | 120.00 |

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

SUBTOTAL \$ 20883.18

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
2. Unitemized payments made this period of under \$100. \$ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** _____

SCHEDULE E**Notes**

| Form/Schedule | Reference No | TEXT |
|---------------|--------------|--|
| E | C14 | Mailer - Postcard - Michael Henn, Barbara Venezia, Leslie Daigle, Ed Selich, Don Webb, Keith Curry, Measure V and Measure X. |
| E | C15 | Postcard - Michael Henn, Barbara Venezia, Leslie Daigle, Ed Selich, Don Webb, Keith Curry, Measure V and Measure X |
| E | C16 | Mailer - Postcard - Michael Henn, Barbara Venezia, Leslie Daigle, Ed Selich, Don Webb, Keith Curry, Measure V and Measure X. |

SCHEDULE E**Notes**

| Form/Schedule | Reference No | TEXT |
|---------------|--------------|---|
| E | C17 | Door Hangers - Michael Henn, Barbara Venezia, Leslie Daigle, Ed Selich- , Don Webb And Keith Curry |

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2006</u> through <u>09/30/2006</u> | CALIFORNIA FORM 460 |
| | 20 / 20 |

SEE INSTRUCTIONS ON REVERSE

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 |
|------------------------|---|------------------------|----------------------------|
| Rcpt Dt: 08/31/2006 | Newport Beach City Employees F.C.U. 425 Old Newport Blvd., Suite A Newport Beach CA 92663 | Interest Income | 17.50 |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

17.50

Schedule I Summary

| | | |
|--|-----------------|--------------|
| 1. Increases to cash of \$100 or more this period..... | \$ | <u>17.50</u> |
| 2. Unitemized increases to cash under \$100 this period..... | \$ | <u>0.00</u> |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... | \$ | <u>0.00</u> |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... | TOTAL \$ | <u>17.50</u> |