

# Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)  
SEE INSTRUCTIONS ON REVERSE

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

Amendment No \_\_\_\_\_  
  
Report No 001

Amendment (Explain Below)

Report covers period  
from 01/01/2006  
through 09/30/2006  
  
Date of election if applicable:  
(Month, Day, Year)  
  
11/07/2006

Date Stamp  
  
**RECEIVED**  
  
2006 OCT -6 AM 10: 26  
  
OFFICE OF  
THE CITY CLERK  
CITY OF NEWPORT BEACH

CALIFORNIA 1994 FORM **465**  
  
1 / 3  
  
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## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)  
1243243

## Treasurer (If recipient committee)

NAME OF TREASURER  
BRIAN McDONOUGH  
MAILING ADDRESS  
P.O. BOX 1695  
  
CITY STATE ZIP CODE AREA CODE/PHONE  
NEWPORT BEACH CA 92659 (949) 472-6154  
OPTIONAL: FAX/E-MAIL ADDRESS

NAME OF FILER  
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  
OPTIONAL: FAX/E-MAIL ADDRESS

Post marked 10-5-06  
Sent via Next Day

## 2. Name of Candidate or Measure Supported or Opposed

| NAME OF CANDIDATE      | OFFICE SOUGHT OR HELD | CHECK ONE     |        |
|------------------------|-----------------------|---------------|--------|
|                        |                       | SUPPORT       | OPPOSE |
| MICHAEL HENN           | City Council Member   | X             |        |
| NAME OF BALLOT MEASURE | BALLOT NO./LETTER     | JURISDICTION  |        |
|                        |                       | NEWPORT BEACH |        |

## 3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

Please see attached pages

# Supplemental Independent Expenditure Report

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

|   |  |
|---|--|
| Report covers period<br>from <u>01/01/2006</u><br>through <u>09/30/2006</u> | <b>CALIFORNIA FORM 465</b>                 |
|   | Page <u>2</u> of <u>3</u>                  |
|   | I.D. NUMBER (If recipient com.)<br>1243243 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NEWPORT BEACH FIREFIGHTERS ASSOCIATION PAC

## 4. Summary

|   |                                |
|---|--------------------------------|
| 1. Total independent expenditures of \$100 or more made this period. (Part 3.)  | \$ <u>2595.06</u>              |
| 2. Total independent expenditures under \$100 made this period. (Not itemized.) | \$ <u>0.00</u>                 |
| 3. Total independent expenditures made this period (Add Lines 1 + 2.)           | <b>TOTAL \$ <u>2595.06</u></b> |

## 5. Filing Officers *Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.*

1) NAME OF FILING OFFICER  
NEWPORT BEACH CITY CLERK

ADDRESS (NO. AND STREET)  
3300 NEWPORT BLVD

CITY STATE ZIP CODE  
NEWPORT BEACH CA 92663

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

## 6. Verification

I have used all reasonable diligence in preparing and reviewing 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 10/05/2006  
DATE

Executed on 10/05/2006  
DATE

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

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

By BRIAN McDONOUGH *Brian McDonough*  
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By BRIAN McDONOUGH *Brian McDonough*  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER, OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER

# Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

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For use by an officeholder, candidate, or committee making independent expenditures totaling \$500 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

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to whole dollars.

|   |            |                                    |
|---|------------|------------------------------------|
| Report covers period<br>from <u>01/01/2006</u><br>through <u>09/30/2006</u> | Date Stamp | CALIFORNIA<br>1994 FORM <b>465</b> |
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|   |            | For Official Use Only              |

### 3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

| DATE       | NAME AND ADDRESS OF PAYEE  | DESCRIPTION OF EXPENDITURE | AMOUNT  | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN.1 - DEC.31) |
|------------|--|----------------------------|---------|---|
| 09/21/2006 | Firefighters Print & Design<br>1780 Creekside Oaks Drive<br>Sacramento CA 95833<br>Reference No: | Postcard                   | 1120.67 | 1120.67   |
| 09/21/2006 | Firefighters Print & Design<br>1780 Creekside Oaks Drive<br>Sacramento CA 95833<br>Reference No: | Postcard                   | 629.91  | 1750.58   |
| 09/21/2006 | Firefighters Print & Design<br>1780 Creekside Oaks Drive<br>Sacramento CA 95833<br>Reference No: | Postcard                   | 701.28  | 2451.86   |
| 09/21/2006 | Firefighters Print & Design<br>1780 Creekside Oaks Drive<br>Sacramento CA 95833<br>Reference No: | Door Hangers               | 143.20  | 2595.06   |