

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)
Report #Avery
SEE INSTRUCTIONS ON REVERSE

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

Amendment (Explain Below)

Report covers period
from 01/01/2016
through 12/31/2016
Date of election if applicable:
(Month, Day, Year)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

RECEIVED

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THE CLERK
CITY OF NEWPORT BEACH

CALIFORNIA FORM 465

Page 1 of 2

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1390467

COMMITTEE/FILER'S NAME
Peninsula Small Business PAC

STREET ADDRESS (NO P.O. BOX)

603 E Alton Ave STE G

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Ana CA 92705 (714) 540-2295

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Lysa Ray

MAILING ADDRESS

603 E Alton Ave STE G

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Ana CA 92705 (714) 540-2295

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE <u>Brad Avery</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>City Council Member: Newport Beach</u>	SUPPORT	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT
			OPPOSE

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 CALENDAR YEAR (JAN. 1 - DEC. 31)
11/02/2016	Bieber 3609 W MacArthur Blvd #812 Santa Ana, CA 92704	LIT	951.70	951.70

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Report covers period		CALIFORNIA FORM 465
from	01/01/2016	
through	12/31/2016	Page <u>2</u> of <u>2</u>
NAME OF FILER Peninsula Small Business PAC		I.D. NUMBER (If recipient com.) 1390467

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	951.70
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$	951.70

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 _____

ADDRESS _____ (NO. AND STREET)

CITY _____ STATE _____ ZIP CODE _____

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 certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. 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 1/27/17 DATE

By [Signature] SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT