

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

| | |
|--|----------------------------|
| Date Stamp RECEIVED 2018 FEB -1 AM 11:41 OFFICE OF THE CITY CLERK | CALIFORNIA FORM 460 |
| Page <u>1</u> of <u>4</u> | |
| For Official Use Only | |

SEE INSTRUCTIONS ON REVERSE

| | |
|--|---|
| Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u> | Date of election if applicable: (Month, Day, Year) <u>2018 FEB -1 AM 11:41</u> |
|--|---|

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

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

2. Type of Statement:

- | | |
|--|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement (Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1390467

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Peninsula Small Business PAC

STREET ADDRESS (NO P.O. BOX)

603 E Alton Ave STE G

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------------------|-----------|--------------|-----------------------|
| <u>Santa Ana</u> | <u>CA</u> | <u>92705</u> | <u>(714) 540-2295</u> |

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

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

OPTIONAL: FAX / E-MAIL ADDRESS

lysaray.campaignservices@gmail.com

Treasurer(s)

NAME OF TREASURER

Lysa Ray

MAILING ADDRESS

603 E Alton Ave STE G

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------------------|-----------|--------------|-----------------------|
| <u>Santa Ana</u> | <u>CA</u> | <u>92705</u> | <u>(714) 540-2295</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 _____
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By _____
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

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 4

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 make expenditures on behalf of your candidacy.*

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | |
|-------------------|--------------------------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 Candidate/Officeholder 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 | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|-------------------------------|
| Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u> | CALIFORNIA FORM 460 |
| Page <u>3</u> of <u>4</u> | I.D. NUMBER <u>1390467</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Peninsula Small Business 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 | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 2. Loans Received | Schedule B, Line 3 | <u>0.00</u> | <u>0.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | <u>0.00</u> | <u>0.00</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$ <u>0.00</u> | \$ <u>0.00</u> |

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

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

Expenditures Made

| | | | |
|--|----------------------|------------------|------------------|
| 6. Payments Made | Schedule E, Line 4 | \$ <u>237.55</u> | \$ <u>598.80</u> |
| 7. Loans Made | Schedule H, Line 3 | <u>0.00</u> | <u>0.00</u> |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$ <u>237.55</u> | \$ <u>598.80</u> |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | <u>0.00</u> | <u>0.00</u> |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | <u>0.00</u> | <u>0.00</u> |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$ <u>237.55</u> | \$ <u>598.80</u> |

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 |
| <u> </u> / <u> </u> / <u> </u> | \$ _____ |
| <u> </u> / <u> </u> / <u> </u> | \$ _____ |

Current Cash Statement

| | | |
|---|---|--------------------|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ <u>1,092.27</u> |
| 13. Cash Receipts | Column A, Line 3 above | <u>0.00</u> |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | <u>0.00</u> |
| 15. Cash Payments | Column A, Line 8 above | <u>237.55</u> |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>854.72</u> |

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

| | | |
|------------------------------------|--------------------|----------------|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | \$ <u>0.00</u> |
|------------------------------------|--------------------|----------------|

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|---------------------------------------|----------------|
| 18. Cash Equivalents | See instructions on reverse | \$ <u>0.00</u> |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$ <u>0.00</u> |

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).

*Amounts in this section may be different from amounts reported in Column B.

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

| | | | |
|------------------------------|------------|----------------------------|------|
| Statement covers period | | CALIFORNIA FORM 460 | |
| from | 07/01/2017 | | |
| through | 12/31/2017 | | |
| | | Page 4 | of 4 |
| NAME OF FILER | | I.D. NUMBER | |
| Peninsula Small Business PAC | | 1390467 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Peninsula Small Business 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, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| Bank of America 3730 Bristol St Santa Ana, CA 92705 | | | bank fees | 115.00 |
| Lysa Ray Campaign Services 603 E. Alton Ave., Ste. G Santa Ana, CA 92705 | PRO | | | 100.00 |
| | | | | |

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

SUBTOTAL \$ 215.00

Schedule E Summary

| | | |
|--|-----------------|--------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 215.00 |
| 2. Unitemized payments made this period of under \$100 | \$ | 22.55 |
| 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 \$ | 237.55 |