Campaign Statement Cover Page (Government Code Sections 84200-84216.5) Statement covers period from	Desirient Committee					COVER PAGE
Statement covers period from Date of election if applicable: (Month, Day, Year) Date of election if applicable: (Month, Day, Year) SEE INSTRUCTIONS ON REVERSE through 12/31/2015 11/06/2018 Introduction of the period of t	Cover Page			RECEV		
SLE instructions of NEUClock Inforgin		from07/01/2015	(Month, Day, Year)	2016 FEB - 1 M COURTE CT		
1. Type of Recipient Committee: All committees - Complete Parts 1, 2, 3, and 4. 2. Type of StateIntent:	SEE INSTRUCTIONS ON REVERSE	through <u>12/31/2015</u>	11/06/2018			
State Candidate Election Committee Committee State Candidate Election Committee Special Odd-Year Report Recall Committee Sponsored Sponsored Supplemental Preelection (Also Complete Part 5) Primarily Formed Candidate/ Officeholder Committee Supplemental Preelection Sponsored Primarily Formed Candidate/ Officeholder Committee Amendment (Explain below) Political Party/Central Committee I.D. NUMBER 1362246 Treasurer(s) Committee Information I.D. NUMBER 1362246 NAME OF TREASURER Diane Dixon for City Council 2018 MalLiNG ADDRESS 603 E Alton Ave STE G	1. Type of Recipient Committee: All Committees - C	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			
3. Committee information 1362246 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Diane Dixon for City Council 2018 Lysa Ray MAILING ADDRESS 603 E Alton Ave STE G	 State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee 	Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee	Image: Semi-annual Statement Image: Semi-annual Statement <td< td=""><td>ermination)</td><td>] Special Odd-Y] Supplemental</td><td>Year Report Preelection</td></td<>	ermination)] Special Odd-Y] Supplemental	Year Report Preelection
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Diane Dixon for City Council 2018 Lysa Ray MAILING ADDRESS 603 E Alton Ave STE G	3. Committee Information		Treasurer(s)			
			Lysa Ray MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE	STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
						(714)540-2295
CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY	CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY		
Newport Beach CA 92663 (949)287-9211	Newport Beach CA 926	63 (949)287-9211				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS		BOX	MAILING ADDRESS		<u></u>	
603 E Alton Ave STE G CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE				OTATE		AREA CODE/PHONE
Santa Ana CA 92705			CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDF	RESS		
lysaray.campaignservices@gmail.com	lysaray.campaignservices@gmail.com					

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 on01/22/20		Ву		of Treasury of As Kellant 1	feasupr		
Executed on01/22/20 Date		BySignatu		lidate, State Measure Prop	portent or Responsible Officer of Sp	ponsor	
Executed onDate	9	Ву	Signature of Controlling O	fficeholder, Candidate, St	ate Measure Proponent		
Executed on Date	9	Ву	Signature of Controlling O	fficeholder, Candidate, St	ate Measure Proponent	 FP	PC Form 460 (J

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

COVER PAGE - PART 2 CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF	OFFICEHOLDER	OR	CANDIDATE

Diane Dixon

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF AF	PPLICABLE)
City Council Member: Newport Beach Distri	let 1		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
3419 Via Lido #197	Newport Beach	CA	92663

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. NUMBEI	R
NAME OF TREASURER			CONTROLLE	ED COMMITTEE?
			YES	🗌 NO
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. BOX	;)	·····
CITY	STATE	ZIP COL	DE	AREA CODE/PHONE
COMMITTEE NAME			.D. NUMBER	२
NAME OF TREASURER			CONTROLLE	D COMMITTEE?
			YES	🗌 NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
CITY	STATE	ZIP COD)E	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION SUPPOR	T
--	---

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	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT

Attach continuation sheets if necessary

Campaign Disclosure Statement							SUMMARY PAGE
Summary Page	Α	mounts may be round to whole dollars.	ded		Staten	nent covers period	CALIFORNIA 460
				fr	om	07/01/2015	FORM 400
SEE INSTRUCTIONS ON REVERSE				th	nrough _	12/31/2015	Page of1
NAME OF FILER				l			I.D. NUMBER
Diane Dixon for City Council 2018							1362246
Contributions Received	(Column A TOTAL THIS PERIOD FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE			imary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	12,700.00	\$	20,246	6.00		
2. Loans Received Schedule B, Line 3		2,000.00		13,000	0.00	1/1 ti	hrough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	14,700.00	\$	33,246	6.00	20. Contributions Received \$	s
4. Nonmonetary Contributions Schedule C, Line 3		0.00		C	0.00	21. Expenditures	φ
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	14,700.00	\$	33,246	5.00	Made \$	
Expenditures Made						Expenditure Limit S	Summary for State
6. Payments Made Schedule E, Line 4	\$	5,665.34	\$	20,720	0.60	Candidates	-
7. Loans Made Schedule H, Line 3		0.00		C	0.00	22 Cumulativ	e Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	5,665.34	\$	20,720	0.60		Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		2,033.34		2,533	3.34	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		C	0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$	7,698.68	\$	23,253	3.94	////	\$
Current Cash Statement						///	\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	474.44	Т	o calculate Column E	3, add		
13. Cash Receipts Column A, Line 3 above		14,700.00		mounts in Column A prresponding amour			
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fre	om Column B of you	ur last	*Amounts in this section m reported in Column B.	nay be different from amounts
15. Cash Payments		5,665.34		eport. Some amount olumn A may be neg			
16. ENDING CASH BALANCE	\$	9,509.10	fig	gures that should be	e		
If this is a termination statement, Line 16 must be zero.			pe	ubtracted from previ eriod amounts. If thi e first report being f	is is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	r this calendar year, arry over the amoun	; only		
Cash Equivalents and Outstanding Debts				om Lines 2, 7, and 9 ny).	Ə (if		
18. Cash Equivalents See instructions on reverse	\$	0.00	ľ	·			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	15,533.34					
			I		l		FPPC Form 460 (Jan/201)

....

Schedule.	Α							SCHEDULE A
Monetary	Contributions Received		ts may be rounded whole dollars.	Statement cove	ers period		IFORNIA	460
				from07/01/20	015	F	ORM	TUU
SEE INSTRUCTIO	DNS ON REVERSE			through _12/31/2	015	Page	4	of
NAME OF FILER			and a second			1.D. NI	UMBER	
Diane Dixon	for City Council 2018					1362	246	
DATE RECEIVED	FULL NAME, STREET 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 CALENDAR YE (JAN. 1 - DEC.	EAR	т	ELECTION ODATE REQUIRED)
12/18/2015	Baric & Assoc	IND COM X OTH PTY SCC		200.00	2	:00.00	G2018	\$200.00
12/22/2015	Craiq Bately	⊠IND □COM □OTH □PTY □SCC	Program Manager Burr White Realty	500.00	5	00.00	G2016	\$500.00
12/17/2015	Carolyn Bivens	XIND COM OTH PTY SCC	Consultant Self/Carolyn Bivens	100.00	1	00.00	G2018 G2014	\$100.00 \$250.00
12/18/2015	Building Industry Assoc of SO California PAC (ID# 741733)	□IND IXCOM □OTH □PTY □SCC		500.00	5	00.00	G2018	\$500.00
08/21/2015	Tim Busch- Lenawee Trust	∑IND □COM □OTH □PTY □SCC	Owner The Busch Firm	1,000.00	1,0	00.00	G2018	\$1,000.00
			SUBTOTAL\$	2,300.00				
1. Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	12,650.00	IND-I		al ent Comm	
	ceived this period – unitemized monetary contributions				OTH -	- Other	than PTY (e.g., busi	iness entity)
	etary contributions received this period.		γιουψ		PTY-	Political Small C	Party	Committee
	and 2. Enter here and on the Summary Page, Colur	nn A, Line 1.)	TOTAL \$	12,700.00	<u> </u>			

Monetary	Contributions Received Amounts may be rounded to whole dollars. from07/01/201		2015 P	SCHEDULE A (CON CALIFORNIA FORM 460 Page 5_ of 21			
NAME OF FILER Diane Dixon i	for City Council 2018					D. NUMBER 362246	
DATE RECEIVED	FULL NAME, STREET 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 DA CALENDAR YEAI (JAN. 1 - DEC. 31	t T	ELECTION D DATE EQUIRED)
12/18/2015	CL7 Communications	IND COM XOTH PTY SCC		100.00	100	00 G2018	\$100.0
12/31/2015	Steve Cooley	⊠IND □COM □OTH □PTY □SCC	Attorney Self/Steve Cooley	250.00	250	00 G2018 G2014	\$250.0 \$750.0
12/17/2015	Howard Cork	XIND COM OTH PTY SCC	Executive Director Newport Conservancy	250.00	250	00 G2018 G2014	\$250.0 \$500.0
12/17/2015	Kimberly Cosenza	IND COM OTH PTY SCC	Account Manager First American	100.00	100	00 G2018 G2014	\$100.00 \$100.00
12/17/2015	Leslie Daigle	IND COM OTH PTY SCC	Government Relations Self/Leslie Daigle	100.00	100	00 G2018	\$100.00
			SUBTOTALS	800.00			

	to whole dollars.		Statement cove		SCHEDULE A (CONT.) CALIFORNIA FORM 460			
				through12/31/	2015	Page	6	of
NAME OF FILER						I.D. NU	JMBER	
Diane Dixon f	for City Council 2018	1		1		1362	246	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	Т	ELECTION O DATE REQUIRED)
12/17/2015	Roger DeYoung	XIND COM OTH PTY SCC	Real Estate DeYoung Investments	500.00	50	0.00	G2018 G2014	\$500.00 \$1,100.00
12/17/2015	William Dildine	⊠IND □COM □OTH □PTY □SCC	Retired	500.00	50	0.00	G2018 G2014	\$500.00 \$250.00
12/18/2015	Great Scott Tree Service	□IND □COM ⊠OTH □PTY □SCC		500.00	50	0.00	G2018	\$500.00
12/18/2015	Scott Hart	XIND COM OTH PTY SCC	Consultant Hart & Assoc	100.00	ιc	0.00	G2018	\$100.00
12/17/2015	J Scott Sounders PC	IND COM XOTH PTY SCC		100.00	10	0.00	G2018	\$100.00
			SUBTOTALS	1,700.00			-712-1-1-68	

Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole o		Statement cove	2015	SCHEDULE A (CONT.) CALIFORNIA FORM 460		
				through12/31/			of1	
NAME OF FILER						.D. NUMBEF	ł	
Diane Dixon f	for City Council 2018				l:	1362246		
DATE RECEIVED	FULL NAME, STREET 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 D CALENDAR YEA (JAN. 1 - DEC. 3	R	PER ELECTION TO DATE (IF REQUIRED)	
12/21/2015	Antoine Khoury	XIND COM OTH PTY SCC	Importer AK International	100.00	100	0.00 G201	18 \$100.00	
12/17/2015	Joanne Kozberg	⊠IND □COM □OTH □PTY □SCC	Consultant California Strategies LLC	100.00	100	.00 G201 G201		
12/18/2015	Robert McCaffrey	IND □COM □OTH □PTY □SCC	Retired	250.00	250	.00 G201 G201		
12/22/2015	Richard J Meyer		Asset Management Self/Richard J Meyer	250.00	250	.00 G201	.6 \$250.00	
12/18/2015	Shruti Miyashiro	⊠IND □COM □OTH □PTY □SCC	CEO Orange County's Credit Union	100.00	100	.00 G201	.8 \$100.00	
			SUBTOTAL\$	800.00				

	A (Continuation Sheet) Contributions Received	Amounts may to whole e		Statement cover from07/01/ through12/31/	/2015	CALIFOR FORM	
NAME OF FILER				tinougn		I.D. NUMBER	21
	or City Council 2018					1362246	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	ATE I	PER ELECTION TO DATE (IF REQUIRED)
12/17/2015	Charles Moran	XIND COM OTH PTY SCC		100.00	100	0.00 G201	8 \$100.0
12/17/2015	MVE + Partners	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500.00	50().00 G201	8 \$500.0
12/17/2015	Cathleen Ann O'Neil	IND COM OTH PTY SCC	Homemaker	100.00	100	0.00 G201 G201	
12/18/2015	William O'Neill	IND □COM □OTH □PTY □SCC	Lawyer Ross, Werschling & Wolcott	250.00	25(0.00 G201	8 \$250.00
12/31/2015	Brian Ouzounian	IND COM OTH PTY SCC	Executive Ouzounian Constructors	100.00	100	0.00 G2018	8 \$100.00
······································			SUBTOTAL\$	1,050.00			

	A (Continuation Sheet) Contributions Received	Amounts may to whole e		Statement cove		SCHE CALIFORN FORM	EDULE A (CONT.)
				through12/31/	2015	Page9	_ of1
NAME OF FILER						I.D. NUMBER	
Diane Dixon f	for City Council 2018					1362246	
DATE RECEIVED	FULL NAME, STREET 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 D CALENDAR YEA (JAN. 1 - DEC. 3	R	ER ELECTION TO DATE F REQUIRED)
12/17/2015	Paul S Meyer, Corp	☐IND ☐COM ⊠OTH ☐PTY ☐SCC		250.00	250).00 G2018	\$250.00
12/18/2015	Southside Towing PD Transport	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500.00	500	0.00 G2018	\$500.00
08/21/2015	Todd Pickup	⊠IND □COM □OTH □PTY □SCC	Investor Plus 4 Management	1,000.00	1,000	0.00 G2018	\$1,000.00
12/18/2015	Janet Ray	⊠ IND □ COM □ OTH □ PTY □ SCC	Developer Sanderson J Ray	1,100.00	1,100	0.00 G2018 G2014	\$1,100.00 \$500.00
12/17/2015	Susan Riddle	IND COM OTH PTY SCC	Flight Attendant American Airlines	1,100.00	1,100	0.00 G2018 G2014	\$1,100.00 \$750.00
			SUBTOTAL	\$ 3,950.00			

Schedule Monetary	A (Continuation Sheet) Contributions Received	Amounts may to whole o		Statement cove		SC CALIFO FOR	RNIA	ea (cont.) 460
				through12/31/	2015	Page	<u>10</u> of_	21
NAME OF FILER						I.D. NUMBE	R	
Diane Dixon f	For City Council 2018					1362246		
DATE RECEIVED	FULL NAME, STREET 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 D CALENDAR YEA (JAN. 1 - DEC. 3	AR	E PER ELECTION TO DATE (IF REQUIRED)	
12/17/2015	Surfer Building LLC	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250.00	250.00 G2018		18	\$250.00
12/17/2015	Joseph Tompkins Jr	⊠IND □COM □OTH □PTY □SCC	Attorney Sidley Austin LLP	500.00	50	0.00 G20 G20		\$500.00 \$250.00
12/31/2015	Jean Walker	⊠IND □COM □OTH □PTY □SCC	Attorney Self/Jean Walker	200.00	20	0.00 G20 G20		\$200.00 \$200.00
12/02/2015	Judith Ware	XIND COM OTH PTY SCC	President Ware Disposal	900.00	901	0.00 G20 G20		\$900.00 \$250.00
12/18/2015	Paul Watkins	XIND COM OTH PTY SCC	Attorney Self/Paul Watkins	100.00	10	0.00 G20 G20		\$100.00 \$250.00
			SUBTOTAL	1,950.00				

Monetary	A (Continuation Sheet) Contributions Received	Amounts may to whole o		Statement cove from07/01/ through12/31/	2015	F	FORNIA ORM 11 of	460
DATE RECEIVED	FULL NAME, STREET 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 CALENDAR Y (JAN. 1 - DEC	D DATE 'EAR	PER EL TO I	LECTION DATE QUIRED)
12/17/2015	Douglas Wood	IND COM OTH PTY SCC	Retired	100.00]	100.00	G2018 G2014	\$100.00 \$100.00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL	\$ 100.00				

				_			SCHE	EDULE B - PART 1
Schedule B – Part 1	Amo	ounts may be ro		ſ	Statement cov	vers period	CALIFORN	^A 460
Loans Received		to whole dollar	rs.		from07/0	1/2015	FORM	400
SEE INSTRUCTIONS ON REVERSE					through <u>12/3</u>	1/2015	Page	of
NAME OF FILER							I.D. NUMBER	
Diane Dixon for City Council 2018							1362246	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	(a) OUTSTANDING BALANCE BEGINNING THIS	(b) AMOUNT RECEIVED THIS	(c) AMOUNT PAI OR FORGIVE	N CLOSE OF THIS	(e) INTEREST PAID THIS	(f) ORIGINAL AMOUNT OF	(g) CUMULATIVE CONTRIBUTIONS
Diane Dixon	NAME OF BUSINESS)	PERIOD	PERIOD	THIS PERIO	D* PERIOD	PERIOD	LOAN	TODATE
232 Via San Remo	Diane Dixon Global							CALENDAR YEAR
Newport Beach, CA 92663	Consultants			\$0.0	<u>s 6,000.00</u>	%	\$ 6,000.00	\$ 2,000.00
								PER ELECTION** G2018 2,000.00
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$_6,000.00	\$0.00	\$0.00	DATE DUE	\$0.00	12/19/2013 DATE INCURRED	G2014 11,025.0 \$
Diane Dixon 232 Via San Remo	Owner Diane Dixon Global			PAID				CALENDAR YEAR
Newport Beach, CA 92663	Consultants			\$0.0	<u>s_5,000.00</u>	%	\$ 5,000.00	\$_2,000.00
						RATE		PER ELECTION **
		\$ 5,000.00	s 0.00	\$ 0.00	5	\$ 0.00	02/06/2014	G2018 2,000.00 G2014 11,025.0
					DATE DUE		DATE INCURRED	
Diane Dixon 232 Via San Remo	Owner Diane Dixon Global							CALENDAR YEAR
Newport Beach, CA 92663	Consultants			\$0.00	<u>s_2,000.00</u>	%	\$ <u>2,000.00</u>	\$_2,000.00
						RATE		PER ELECTION **
		s0.00	2,000.00	s 0.00		\$ 0.00	07/29/2015	G2018 2,000.00 G2014 11,025.0
		9	۰ <u>ــــــــــــــــــــــــــــــــــــ</u>	3	DATE DUE	\$	DATE INCURRED	¢
		SUBTOTALS \$	2,000.00	6 0.0	DO \$ 13,000.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
1. Loans received this period				\$	2,000.00			
(Total Column (b) plus uniternized loan				······································		tc	Contributor Codes	
						IN	D – Individual	
2. Loans paid or forgiven this period	0 : f :			\$	0.00	co	DM – Recipient Co	
(Total Column (c) plus loans under \$10 (Include loans paid by a third party tha							other than l) (TH – Other (e.g., (Y – Political Part)	
3. Net change this period. (Subtract Line	e 2 from Line 1)			NET \$	2,000.00		CC – Small Contrib	
Enter the net here and on the Summar				(May be a negative number)	<u> </u>		
*Amounts forgiven or paid by another party also ** If required.	must be reported on Schedule A.							
		J					FPPC Fo	orm 460 (Jan/201

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may b to whole do		Statement covers)15	FO	ornia Rm	400
	IONS ON REVERSE			through			13	of
NAME OF FILER	2					I.D. NUN	IBER	
Diane Dixor	n for City Council 2018					13622	46	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - D	R YEAR	T	ELECTION D DATE EQUIRED)
09/09/2015	Dana Rohrabacher Congressional	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 		300.00		300.00	P2016	\$300.00
09/09/2015	Republican Party of Orange County	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 		250.00		250.00	P2016	\$250.00
	Support Oppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 						
			SUBTOTAL	\$ 550.00				
Caleadula								

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$	550.00
2. Unitemized contributions and independent expenditures made this period of under \$100	\$	0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	L \$	550.00

Schedule E	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from07/01/2015	FORM 400
SEE INSTRUCTIONS ON REVERSE		through	Page14 of21
NAME OF FILER			I.D. NUMBER
Diane Dixon for City Council 2018			1362246

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
ND	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)

	IE AND ADDRESS OF PAYEE MMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMO	DUNT PAID
Anedot 3rd St #2B Baton Rouge, LA 70801		cc I	Processing		35.40
Anedot 3rd St #2B Baton Rouge, LA 70801		cc I	Processing		57.45
Anedot 3rd St #2B Baton Rouge, LA 70801		cc I	Processing		4.20
* Payments that are contribution	s or independent expenditures must also be summa	arized on Schedu	ule D.	SUBTOTAL\$	97.05

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$	5,665.34
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.)	5,665.34

(Co	nedule E ontinuation Sheet) /ments Made	Ar	nounts may be rounded to whole dollars.	St from	atement covers period	CALIFORNIA FORM 460
SEE I	NSTRUCTIONS ON REVERSE			throu	gh	Page of
NAME	OF FILER					I.D. NUMBER
Diar	e Dixon for City Council 2018					1362246
COL	DES: If one of the following codes accurately describe	es the	payment, you may enter the code. Othe	erwise,	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 prod	luction costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and	
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	s 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)

LEG legal detense LIT campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Anedot 3rd St #2B Baton Rouge, LA 70801		cc Processing	14.25
Bank of America 3730 Bristol St Santa Ana, CA 92705		Bank fees	150.00
Roger Bloom 218 A 19th St Huntington Beach, CA 92648	CNS		500.00
Roger Bloom 218 A 19th St Huntington Beach, CA 92648	CMP		500.00
Roger Bloom 218 A 19th St Huntington Beach, CA 92648	CMP		500.00
* Payments that are contributions or independent expenditures must also be summarized and the summarized statements and the summarized statements are summarized as the summarized statements and the summarized statements are summarized as the summarized statements are supported as the supported as the supported statements are support	zed on Schedule D.	SUBTOT	AL\$ 1,664.25

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from 07/01/2015 through 12/31/2015	CALIFORNIA 460 FORM 9460		
NAME OF FILER			I.D. NUMBER		
Diane Dixon for City Council 2018					
CODES: If one of the following codes accurately describes	s the payment, you may enter the code. Oth	erwise, describe the payment			
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, ar TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology cost	duction costs nd meals and meals es of the same candidate/sponsor		

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Roger Bloom 218 A 19th St Huntington Beach, CA 92648	СМР		1,000.00
Roger Bloom 218 A 19th St Huntington Beach, CA 92648	CMP		266.66
Chase Card PO Box 94014 Palatine, IL 60094	СМР		90.00
Chase Card PO Box 94014 Palatine, IL 60094	СМР		896.36
Chase Card PO Box 94014 Palatine, IL 60094	CMP		1,441.62
* Payments that are contributions or independent expenditures must also be summarized	on Schedule D.	SUBTOTAL	\$ 3,694.64

Schedule E					SCHEDULE E (CONT.)			
(Continuation Sheet)	Amounts may be rounded to whole dollars.		S	tatement covers period	CALIFO	^{RNIA} 460		
Payments Made			from	07/01/2015	FOR	M 400		
SEE INSTRUCTIONS ON REVERSE				throu	ugh12/31/2015	Page	<u>17 of1</u>	
NAME OF FILER						I.D. NUMB	ER	
Diane Dixon for City Council 2018						1362246	5	
CODES: If one of the following codes accurately describes		-	iter the code. C					
CMP campaign paraphernalia/misc. CNS campaign consultants	MBR member com MTG meetings and		s	RAD RFD	radio airtime and production returned contributions	COSIS		
CTB contribution (explain nonmonetary)*	OFC office expen	office expenses			campaign workers' salaries			
CVC civic donations FIL candidate filing/ballot fees	PET petition circul PHO phone banks	0		TEL TRC	t.v. or cable airtime and proc candidate travel, lodging, an			
FND fundraising events	POL polling and s	urvey resear		TRS	staff/spouse travel, lodging,	and meals		
IND independent expenditure supporting/opposing others (explain)*			ssenger services al, accounting)	TSF VOT	transfer between committee voter registration	s of the sam	ne candidate/sponsor	
LEG legal defense LIT campaign literature and mailings	PRT print ads		ar, accounting)	WEB	information technology costs	s (internet, e	-mail)	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR	DESCRIPTIC	ON OF PAYMENT		AMOUNT PAID	
Chase Card		CMP					34.40	
PO Box 94014 Palatine, IL 60094								
Lysa Ray Campaign Services 603 E Alton Ave STE G		PRO		<u> </u>			25.00	
Santa Ana, CA 92705								

PRO

PRO

PRO

SUBTOTAL \$

25.00

25.00

25.00

134.40

Lysa Ray Campaign Services 603 E Alton Ave STE G

Lysa Ray Campaign Services

Lysa Ray Campaign Services

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

Santa Ana, CA 92705

603 E Alton Âve STE G Santa Ana, CA 92705

603 E Alton Âve STE G Santa Ana, CA 92705

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from 07/01/2015 through 12/31/2015	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSENAME OF FILER						
Diane Dixon for City Council 2018 1362246						
CODES: If one of the following codes accurately	describes the payment, you may enter the code. (Otherwise, describe the paymen	t.			
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	n costs			
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions				
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salarie	S			
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and pro				
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, a				
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging				
IND independent expenditure supporting/opposing others (exp			es 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 cos	its (internet, e-mail)			

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMC	DUNT PAID
Lysa Ray Campaign Services 603 E Alton Ave STE G Santa Ana, CA 92705	PRO				25.00
Lysa Ray Campaign Services 603 E Alton Ave STE G Santa Ana, CA 92705	PRO				25.00
Lysa Ray Campaign Services 603 E Alton Ave STE G Santa Ana, CA 92705	PRO				25.00
* Payments that are contributions or independent expenditures must also be summa	arized on Schedule D).	SI	JBTOTAL \$	75.00

SCHEDULE F

Schedule F Accrued Expenses (Unpaid Bills)	Statement cover from07/01/ through12/31/	2015 FC	ORNIA 460		
NAME OF FILER				I.D. NUM	1BER
Diane Dixon for City Council 2018				13622	46
CODES: If one of the following codes accurately describe CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	es the payment, you may MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services of PRT print ads	ns nces earch messenger services	herwise, describe the payment. RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/spons VOT voter registration WEB information technology costs (internet, e-mail)		
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Roger Bloom 218 A 19th St Huntington Beach, CA 92648	CNS	500.00	0.00	500.00	0.00
Roger Bloom 218 A 19th St Huntington Beach, CA 92648	CMP	0.00	2,533.34	0.00	2,533.34
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	500.00\$	2,533.34 \$	500.00	2,533.34
Schedule F Summary					
1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a	accrued expenses under \$	5100.)	INCU	RRED TOTALS \$ _	2,533.34
 Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)					500.00
8. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)					

Schedule G

Contractor (on Behalf of This Committee)		Amounts may be rounded to whole dollars.		m07/01/2015	california form 460	
SEE INSTRUCTIONS ON REVERSE			thr	ough12/31/2015	Page of1	
NAME OF FILER					I.D. NUMBER	
Diane Dixon for City Council 2018					1362246	
NAME OF AGENT OR INDEPENDENT CONTRACTOR						
Chase Card	<u>.</u>					
CODES: If one of the following codes accurately descr	ibes the	payment, you may enter the code. Of	therwis	e, describe the paymen	t.	
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 proc	luction costs	
FIL candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and	d meals	
FND fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging,	and meals	
ND independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committee	s of the same candidate/sponsor	

- legal defense LEG
- campaign literature and mailings LIT

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

NAME AND ADDRESS OF PAYEE OR CREDITOR AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Balboa Bay Waterline CMP 139.72 1221 W Coast Hwy Newport Beach, CA 92663 Committee to Re-Elect Congressman Rohrabacher (ID# C00224691) CTB 300.00 101 Main Street, Suite 380 Huntington Beach, CA 92648 Lido Live CVC 206.00 3459 Via Lido Newport Beach, CA 92663 Mail Boxes Lido CMP 148.20 3419 Via Lido Newport Beach, CA 92663 Attach additional information on appropriately labeled continuation sheets. TOTAL* \$ 793.92

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

PRO professional services (legal, accounting) PRT print ads

- VOT voter registration

Statement covers period

WEB information technology costs (internet, e-mail)

Schedule G (Continuation Sheet)

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		Amounts may be rounded to whole dollars.		Statement covers period m07/01/2015	CALIFORNIA FORM 460	
SEE INSTRUCTIONS ON REVERSE			thr	ough	Page of1	
NAME OF FILER					I.D. NUMBER	
Diane Dixon for City Council 2018					1362246	
NAME OF AGENT OR INDEPENDENT CONTRACTOR						
Chase Card						
CODES: If one of the following codes accurately describ	es the	payment, you may enter the code. O	therwis	e, describe the payment.		
CMP campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production c	osts	
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 produ	ction 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, a	nd meals	
IND independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees	of the same candidate/sponsor	

- TSF transfer between committees of the same candidate/sponsor
 - WEB information technology costs (internet, e-mail)

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

PRT

print ads

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Mail Boxes Lido 3419 Via Lido Newport Beach, CA 92663	СМР		261.18
Republican Party of Orange County 1422 Edinger Ave #110 Tustin, CA 92780	CMP		500.00
Republican Party of Orange County 1422 Edinger Ave #110 Tustin, CA 92780	СМР		100.00
Republican Party of Orange County 1422 Edinger Ave #110 Tustin, CA 92780	СТВ		250.00
Attach additional information on appropriately labeled continuation sheets.		TOTA	L* \$ 1,111.18

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

PRO professional services (legal, accounting) VOT voter registration

LEG legal defense

campaign literature and mailings

LIT