Statement of Organization
Recipient Committee

Statement Type	**CALIFORNIA FORM 410**

For Official Use Only

Statement Type

☐ Initial

Not yet qualified ☐ or

_____/_____/_____
Date qualified as committee

☒ Amendment
List I.D. number:

1387480

07 / 28 / 2016
Date qualified as committee
(If applicable)

☐ Termination – See Part 5
List I.D. number:

_____

_____/_____/_____
Date of Termination

1. Committee Information

NAME OF COMMITTEE

Avery for City Council 2020

STREET ADDRESS (NO P.O. BOX)

120 Tustin Ave #C1060

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Newport Beach	CA	92663	(949) 945-8044

MAILING ADDRESS (IF DIFFERENT)

603 E Alton Ave STE G Santa Ana, CA 92705

FAX / E-MAIL ADDRESS

lysaray.campaignservices@gmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange County	Newport Beach

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Lysa Ray

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

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing 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	5/12/2017	By	_____
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	5/12/2017	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME	I.D. NUMBER
Avery for City Council 2020	1387480

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Bank of America	(714) 973-1000		
ADDRESS	**CITY**	**STATE**	**ZIP CODE**
3730 Bristol St	Santa Ana	CA	92705

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Brad Avery	City Council Member: City of Newport Beac District 2	2020	[X] Nonpartisan
			[ ] Nonpartisan

Primarily Formed Committee   Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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