

Supplemental Independent Expenditure Report

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

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

| | | |
|---|---|---|
| Report covers period from <u>01/01/2016</u> through <u>12/31/2016</u> Date of election if applicable: (Month, Day, Year) _____ | <p>RECEIVED 2017 JAN 31 PM 12:06 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH</p> | <p>CALIFORNIA FORM 465</p> <p>Page <u>1</u> of <u>2</u></p> <p>For Official Use Only</p> |
|---|---|---|

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1390467

Treasurer (If recipient committee)

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> |

OPTIONAL: FAX / E-MAIL ADDRESS

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 |
| <u>Santa Ana</u> | <u>CA</u> | <u>92705</u> | <u>(714) 540-2295</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

| | | | |
|--|--|--------------|---|
| NAME OF CANDIDATE <u>Fred Ameri</u> | OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>City Council Member: Newport Beach</u> | SUPPORT | OPPOSE <input checked="" type="checkbox"/> |
| NAME OF BALLOT MEASURE | BALLOT NO./LETTER | JURISDICTION | SUPPORT |

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) |
|------------|--|----------------------------|----------|---|
| 10/29/2016 | 3AM Communications 1821 Concord Ave Stockton, CA 95204 | LIT & POS | 9,063.80 | 9,063.80 |
| | | | | |
| | | | | |

Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

| | | |
|------------------------------|------------|---------------------------------|
| Report covers period | | CALIFORNIA FORM 465 |
| from | 12/31/2015 | |
| through | 12/31/2015 | Page <u>2</u> of <u>2</u> |
| NAME OF FILER | | I.D. NUMBER (if recipient com.) |
| Peninsula Small Business PAC | | 1390467 |

SEE INSTRUCTIONS ON REVERSE

4. Summary

| | | |
|---|-----------------|-----------------|
| 1. Total independent expenditures of \$100 or more made this period. (Part 3.) | \$ | 9,063.80 |
| 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 \$ | 9,063.80 |

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 | 3) NAME OF FILING OFFICER |
| ADDRESS (NO. AND STREET) | ADDRESS (NO. AND STREET) |
| CITY STATE ZIP CODE | CITY STATE ZIP CODE |
| 2) NAME OF FILING OFFICER | 4) NAME OF FILING OFFICER |
| ADDRESS (NO. AND STREET) | ADDRESS (NO. AND STREET) |
| CITY STATE ZIP CODE | 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

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
SIGNATURE OF FILER, 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