

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)
 Report of Glenn
 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)

RECEIVED SUPPLEMENTAL INDEPENDENT EXPENDITURE
 Date: 1/31/16
 2017 JAN 31 PM 12:06
 OFFICE OF THE CITY CLERK
 CITY OF NEWPORT BEACH

CALIFORNIA FORM 465
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 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	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	SUPPORT	OPPOSE
Mike Glenn	City Council Member: Newport Beach		<input checked="" type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	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)
10/29/2016	3AM Communications 1821 Concord Ave Stockton, CA 95204	LIT & POS	9,063.80	9,063.80

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Peninsula Small Business PAC

Report covers period

from 01/01/2016

through 12/31/2016

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I.D. NUMBER (If recipient com.)

1390467

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	<u>9,063.80</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	<u>0.00</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$	<u>9,063.80</u>

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

2) 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

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

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