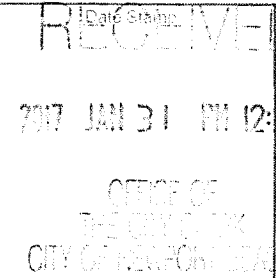


Supplemental Independent Expenditure Report

(Government Code Section 84203.5)
 Report #09000
 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)	<div style="text-align: center;">  </div>	<div style="text-align: center;"> CALIFORNIA FORM 465 Page <u>1</u> of <u>2</u> For Official Use Only </div>
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Amendment (Explain Below)

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>Phil Greer</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 / 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	4,941.90	10,535.50
11/02/2016	Bieber 3609 W MacArthur Blvd #812 Santa Ana, CA 92704	LIT	951.70	10,535.50
10/24/2016	3AM Communications 1821 Concord Ave Stockton, CA 95204	LIT & POS	4,641.90	10,535.50

Supplemental Independent Expenditure Report

Type or print in ink.
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to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	12/31/2016	
through	12/31/2016	Page <u>2</u> of <u>2</u>
NAME OF FILER Peninsula Small Business PAC		I.D. NUMBER (if recipient com.) 1390467

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	10,535.50
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	\$ 10,535.50

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 <u>12/1/17</u> _____ DATE	By <u>[Signature]</u> _____ SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER
Executed on _____ DATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR
Executed on _____ DATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on _____ DATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT