

# Supplemental Independent Expenditure Report

(Government Code Section 84203.5)  
 Report #Her/Inan  
 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)

SUPPLEMENTAL INDEPENDENT EXPENDITURE  
 Date Stamp

2017 JAN 31 PM 12:06

OFFICE OF  
 THE CLERK  
 CITY OF NEWPORT BEACH

**CALIFORNIA FORM 465**

Page 1 of 1  
 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
<u>Santa Ana</u>	<u>CA</u>	<u>92705</u>	<u>(714) 540-2295</u>

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
<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	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	SUPPORT	OPPOSE
<u>Jeff Herdman</u>	<u>City Council Member: Newport Beach</u>		<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)
11/01/2016	3AM Communications 1821 Concord Ave Stockton, CA 95204	LIT & POS	9,063.80	28,663.10
11/01/2016	3AM Communications 1821 Concord Ave Stockton, CA 95204	LIT & POS	9,063.80	28,663.10
11/02/2016	Bieber 3609 W MacArthur Blvd #812 Santa Ana, CA 92704	LIT	951.70	28,663.10

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Type or print in ink.  
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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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For use by an officeholder, candidate, or committee making independent expenditures totaling \$1000 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

<b>Report covers period</b> from <u>01/01/2016</u> through <u>12/31/2016</u> <b>Date of election if applicable:</b> (Month, Day, Year)	Date Stamp	<b>CALIFORNIA FORM 465</b> Page <u>2</u> of <u>3</u> For Official Use Only

## IV 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)
10/24/2016	3AM Communications 1821 Concord Ave Stockton, CA 95204	LIT & POS	4,641.90	28,663.10
10/29/2016	3AM Communications 1821 Concord Ave Stockton, CA 95204	LIT & POS	4,941.90	28,663.10

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		<b>CALIFORNIA FORM 465</b>
from	01/01/2016	
through	12/31/2016	Page <u>3</u> of <u>3</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.)	\$	28,663.10
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL \$</b>	28,663.10

## 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

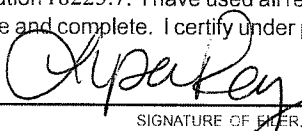
I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence 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 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