

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)
 Report #ONeill
 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)

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 THE CLERK
 CITY OF NEWPORT BEACH

SUPPLEMENTAL INDEPENDENT EXPENDITURE
CALIFORNIA FORM 465
 Page 1 of 2
 For Official Use Only

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
Santa Ana CA 92705 (714) 540-2295
 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
Santa Ana CA 92705 (714) 540-2295
 OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	CHECK ONE	
		SUPPORT	OPPOSE
<u>William O'Neill</u>	<u>City Council Member: Newport Beach</u>	<input checked="" type="checkbox"/>	<input 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)
<u>11/02/2016</u>	<u>Bieber 3609 W MacArthur Blvd #812 Santa Ana, CA 92704</u>	<u>LIT</u>	<u>951.70</u>	<u>951.70</u>

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Type or print in ink.
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to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	01/01/2015	
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.)	\$	951.70
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 \$	951.70

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

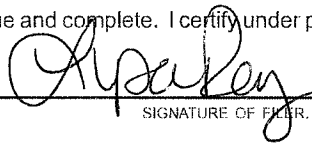
I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence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