Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			Type or print in	ink.	Date Stamp	COVER PAGE LIFORNIA 460 FORM	
(0.0,	fron	07/01/18 11/30/18	Date of election if applicable: (Month, Day, Year)		Page	For Office Use Only
SEE INSTRUCTIONS ON REVERSE		thro	ugh			200	
1. Type of Recipient Committe ✓ Officeholder, Candidate Controlle ○ State Candidate Election Com ○ Recall (Also Complete Part 5) ☐ General Purpose Committee ○ Sponsored ○ Small Contributor Committee ○ Political Party/Central Committee	d Committee [mittee	Primaril Commit Con Spo (Also Com Difficeho	ly Formed Ballot Measure tee trolled	2. Type of Statement: ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Te ☐ Amendment (Explain be	rmination)	Quarted Statement - A	Year Report
3. Committee Information		I.D. NUM 13769		Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S N Petros for Newport Beach Cit		EE)		NAME OF TREASURER Kristen Petros MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)				Newport Beach	STATE CA	21P CODE 92663	AREA CODE/PHONE 9495530666
CITY Newport Beach		CODE CG3	AREA CODE/PHONE 9495530666	NAME OF ASSISTANT TREASUR	ER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO	AND STREET OR P	O. BOX		MAILING ADDRESS			
CITY	STATE ZII	CODE	AREA CODE/PHONE	СІТУ	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL FAX / E-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL ADDR	ESS		-
4. Verification I have used all reasonable diligence in under penalty of perjury under the laws Executed on Executed on Executed on Executed on Date	of the State of Calif	wing this s	he foregoing is true and correct. By By	nowledge the information contained her	content or responsible Officer of	3	e and complete. I certify
Executed on			Ву				
Date			-/	Signature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent		5000 F 400 (1

	COVER	PAGE - PART 2
	ORNIA ORM	460
Page _	2	7 of

NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF B	ALLOT MEASURE				
Anthony Petros		NAME OF B	ALLOT WEASONE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO	O. OR LETTER	JURISDICTIO	N	To	SUPPORT
City Council Newport Beach District	2					Ö	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S	Newport Beach, CA 92663	Identify t	he controlling off	ceholder, can	didate, or stat	te measure p	roponent, if an
		NAME OF	OFFICEHOLDER, CAN	DIDATE, OR PRO	OPONENT		
Related Committees Not Included not included in this statement that are control contributions or make expenditures on behalf	olled by you or are primarily formed to receive	OFFICE SC	DUGHT OR HELD		C	DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER	•				· · · · · · · · · · · · · · · · · · ·	
NAME OF TREASURER	CONTROLLED COMMITTEE?		y Formed Cander(s) or candidate(s				
		officehold) for which this		orimarily forme	
COMMITTEE ADDRESS STREET ADDRES	YES NO	NAME OF C	er(s) or candidate(s) for which this	committee is p	orimarily forme	support
COMMITTEE ADDRESS STREET ADDRESS	YES NO	NAME OF C	er(s) or candidate(s	ANDIDATE	OFFICE SOUGH	orimarily forme	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY STAT COMMITTEE NAME	YES NO SS (NO P.O. BOX) TE ZIP CODE AREA CODE/PHONE	NAME OF C	er(s) or candidate(s	ANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGH	HT OR HELD HT OR HELD HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME NAME OF TREASURER	YES NO SS (NO P.O. BOX) TE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	NAME OF C	OFFICEHOLDER OR CO	ANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGH	HT OR HELD HT OR HELD HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

		SOMMANTRAGE
Stater	nent covers period 07/01/18	CALIFORNIA 460
through	11/30/18	Page of
		I.D. NUMBER 1376927

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

CLIMANA DV DAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Petros for Newport Beach City Council 2016 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTALTODATE **General Elections** 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date Loans Received Schedule B, Line 3 0 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RÉCEIVED Add Lines 3 + 4 \$ **Expenditure Limit Summary for State Expenditures Made** 13856.67 13206.67 **Candidates** 6. Payments Made Schedule E, Line 4 \$ 0 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 13206.67 13856.67 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (if Subject to Voluntary Expenditure Limit) 0 Total to Date Date of Election (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 13206.67 13856.67 Current Cash Statement 13206.67 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B, add amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. 13206.67 report. Some amounts in Column A may be negative figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts amy). FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.

Amounts may be rounded to whole dollars.

		S	CHEDULE D
Stateme	ent covers period 07/01/18	CALIFORNIA FORM	460
through _	11/30/18	Page of	7
		ID NUMBER	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Petros for Newport Beach City Council 2016 1376927 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) PERIOD (IF REQUIRED) (JAN. 1 - DEC. 31) OR COMMITTEE Taxpayers and Residents United for Newport ID#1407487 **✓** Monetary 08/06/18 Beach Contribution 10.000.00 10,000.00 Nonmonetary Contribution ☐ Independent Expenditure ☐ Oppose ✓ Support Marice DePasquale for Mesa Water District ☑ Monetary ID#1408998 09/13/18 Board Contribution 200.00 200.00 Nonmonetary Contribution Independent Expenditure Support ☐ Oppose Brenner for City Council 2018 ID#1400063 Monetary 09/30/18 Contribution 500.00 500.00 Nonmonetary Contribution Independent Expenditure Support Support Oppose

SUBTOTAL \$ 10700.00

Schedule D Summary

11400.00

Schedule D (Continuation Sheet) Type or print in ink. SCHEDULE D (CONT.) Amounts may be rounded **Summary of Expenditures** Statement covers period **CALIFORNIA** to whole dollars. **Supporting/Opposing Other** 07/01/18 **FORM** from Candidates, Measures and Committees 11/30/18 through Page_ NAME OF FILER I.D. NUMBER Petros for Newport Beach City Council 2016 1376927 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE Tim Stoaks for Newport Beach City Council ID#1403614 ✓ Monetary 09/30/18 2018 Contribution 500.00 500.00 ■ Nonmonetary Contribution Independent Expenditure Support ☐ Oppose Foley for Mayor 2018 ID#1397432 Monetary 10/14/18 Contribution 200.00 200.00 Nonmonetary Contribution Independent Expenditure Support Oppose ☐ Monetary Contribution Nonmonetary Contribution Independent Expenditure Support Oppose ■ Monetary Contribution Nonmonetary Contribution Independent Expenditure Oppose ☐ Support

700.00

SUBTOTAL \$

Schedule E	
Payments Made	

SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

NAME OF FILER

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

print ads

	SCHEDULEE
Statement covers period 07/01/18 from	CALIFORNIA 460 FORM
11/30/18	Page 6 7
	1.D. NUMBER 1376927

WEB information technology costs (internet, e-mail)

Petros for Newport Beach City Council 2016 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants meetings and appearances returned contributions contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries CVC civic donations petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees phone banks candidate travel, lodging, and meals staff/spouse travel, lodging, and meals fundraising events polling and survey research transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services voter registration LEG legal defense professional services (legal, accounting) VOT

* Payments that are contributions or independent expenditures must also be sun		badula D	SUBTOTAL \$	10806.67
Long Beach, CA 90802 10#1408998	IND			200.00
Marice DePasquale for Mesa Water District Board 2018		Supporting		000.00
Newpoπ Beacn, CA 92618 ID#1407487	IND			10000.00
Taxnavers & Residents United for Newport Beach	IND	Supporting		10000.00
NEWPORT BEACH, CA 92663	PRO			606.67
KRISTEN PETROS		TREASURER		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT		AMOUNT PAID

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)

2. Unitemized payments made this period of under \$100

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

TOTAL \$

Schedule E (Continuation Sheet)

Type or print in ink. Amounts may be rounded

SCHED	JLE E	(CONT.)
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Statement covers period 07/01/18	CALIFORNIA 460
11/30/18 through	7 7 Page of
	I.D. NUMBER 1376927

Payments Made	to whole dollars.	07/01/18 from	FORM 460
SEE INSTRUCTIONS ON REVERSE		11/30/18 through	7 7 Page of
NAME OF FILER Petros for Newport Beach City Council 2016			i.D. NUMBER 1376927

								13/092	
COD CMP CNS CTB CVC FIND LEG LIT	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR MTG OFC PET PHO POL POS PRO PRT	member com meetings and office expen- petition circul phone banks polling and s postage, deli	munications d appearance ses lating survey resea	es	RAD RFD SAL TEL TRC TRS	radio airtime and production of returned contributions campaign workers' salaries t.v. or cable airtime and producandidate travel, lodging, and staff/spouse travel, lodging, a transfer between committees voter registration	uction costs meals and meals of the sar	ne candidate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
Brer	nner for City Council 2018 Newport Beach, CA 92658. ID# 1400063			IND	Supporting				500.00
Tim	Stoaks for Newport Beach City Council 2018				Supporting				

Newport Beach, OA 92000. 10# 1400005			
Tim Stoaks for Newport Beach City Council 2018 Newport Beach, CA 92658 ID#1403614	IND	Supporting	500.00
Foley for Mayor 2018 Newport Beach, CA 92660 ID#1397432	IND	Supporting	200.00
Friends Of Oasis Newport Beach, CA 92660	CVC	Donation	700.00
Environmental Nature Center Newport Beach, CA 92663	cvc	Donation	500.00

2400.00 SUBTOTAL \$ * Payments that are contributions or independent expenditures must also be summarized on Schedule D.