Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   - [x] Officerholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall (Also Complete Part 6)
   - [ ] General Purpose Committee
   - [ ] Sponsored
   - [ ] Small Contributor Committee
   - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Ballot Measure Committee
   - [ ] Controlled
   - [ ] Sponsored (Also Complete Part 6)
   - [ ] Primarily Formed Candidate/Officerholder Committee (Also Complete Part 7)

2. Type of Statement:
   - [ ] Prelection Statement
   - [x] Semi-annual Statement
   - [ ] Termination Statement (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)
   - [ ] Quarterly Statement
   - [ ] Special Odd-Year Report
   - [ ] Supplemental Preelection Statement - Attach Form 485

3. Committee Information
   I.D. NUMBER
   1362246

   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Diane Dixon for City Council 2014

   STREET ADDRESS (NO P.O. BOX)
   3419 Via Lido 8197
   CITY
   Newport Beach, CA 92663
   ZIP CODE
   949-287-9211

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   603 E Alton Ave STE H
   CITY
   Santa Ana, CA 92705
   ZIP CODE
   714-540-2295

   NAME OF ASSISTANT TREASURER, IF ANY
   Optional: FAX / E-MAIL ADDRESS
   lymray.campaignservices@gmail.com

4. Verification
   I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 1/1/14
   Executed on 10/14
   Executed on
   Executed on

   By
   Signature of Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on 10/14
   Executed on
   Executed on

   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   Executed on
   Executed on
   Executed on

   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

www.netfile.com
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Diane Dixon</td>
<td></td>
</tr>
</tbody>
</table>

| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) |     |
| City Council Member             |     |
| Newport Beach                  | 1   |

<table>
<thead>
<tr>
<th>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>3419 Via Lido #197</td>
<td>Newport Beach</td>
<td>CA</td>
<td>92663</td>
</tr>
</tbody>
</table>

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
<th></th>
</tr>
</thead>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
</table>

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
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<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

Attach continuation sheets if necessary.
Campaign Disclosure Statement
Summary Page

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

Statement covers period
from 01/01/2013
through 12/31/2013

CALIFORNIA FORM 460
SUMMARY PAGE
Page 3 of 6
I.D. NUMBER 1362246

Contributions Received

<table>
<thead>
<tr>
<th>Contributions Received</th>
<th>Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</th>
<th>Column B CALENDAR YEAR TOTAL TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>$6,000.00</td>
<td>$6,000.00</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$6,000.00</td>
<td>$6,000.00</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>$25.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$6,025.00</td>
<td>$6,025.00</td>
</tr>
</tbody>
</table>

Expenditures Made

<table>
<thead>
<tr>
<th>Expenditures Made</th>
<th>Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</th>
<th>Column B CALENDAR YEAR TOTAL TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>$307.05</td>
<td>$307.05</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>$0.30</td>
<td>$0.00</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>$307.05</td>
<td>$307.05</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>$25.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>$332.05</td>
<td>$332.05</td>
</tr>
</tbody>
</table>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ / /</td>
<td>$</td>
</tr>
</tbody>
</table>

Current Cash Statement

<table>
<thead>
<tr>
<th>Current Cash Statement</th>
<th>Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16 $0.00</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>Column A, Line 3 above $6,000.00</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4 $0.00</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>Column A, Line 8 above $307.05</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15 $5,692.95</td>
</tr>
</tbody>
</table>

*if this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Cash Equivalents and Outstanding Debts</th>
<th>Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>See instructions on reverse $0.00</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above $6,000.00</td>
</tr>
</tbody>
</table>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

FPCC Form 460 (January/05)
FPCC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Schedule B – Part 1
Loans Received

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

Statement covers period from 01/01/2013 through 12/31/2013

CALIFORNIA FORM 460
Page 4 of 6

I.D. NUMBER
1362246

Name of Filer
Diane Dixon for City Council 2014

<table>
<thead>
<tr>
<th>Full Name, Street Address and Zip Code of Lender (If Committee, also enter I.D. Number)</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If self-employed, enter name of business)</th>
<th>Outstanding Balance Beginning This Period</th>
<th>Amount Received This Period</th>
<th>Amount Paid or Forgiven This Period</th>
<th>Outstanding Balance at Close of This Period</th>
<th>Interest Paid This Period</th>
<th>Original Amount of Loan</th>
<th>Cumulative Contributions to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diane Dixon</td>
<td>Owner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diane Dixon Global Consultants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IND</td>
<td>COM</td>
<td>OTH</td>
<td>PTY</td>
<td>SCC</td>
<td>PAID</td>
<td>FORGIVEN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.00</td>
<td>0.00</td>
<td>6,000.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Due</td>
<td>12/19/2013</td>
<td>12/19/2013</td>
<td>12/19/2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CALENDAR YEAR</td>
<td>PER ELECTION**</td>
<td>CALENDAR YEAR</td>
<td>PER ELECTION**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$6,000.00</td>
<td>$6,025.00</td>
<td>$6,000.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Enter on Schedule E, Line 3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule B Summary

1. Loans received this period ................................................................. $6,000.00
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period .............................................. $0.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) ................. NET $6,000.00
   (May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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Schedule C
Nonmonetary Contributions Received

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

Statement covers period
from 01/01/2013 through 12/31/2013

NAME OF FILER
Diane Dixon for City Council 2014

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/06/2013</td>
<td>Diane Dixon</td>
<td>IND/COM/OTH/PTY/SCC</td>
<td>Owner</td>
<td>PRO</td>
<td>25.00</td>
<td>6,025.00</td>
<td>0.14</td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 25.00

Schedule C Summary
1. Amount received this period — itemized nonmonetary contributions.
   (Include all Schedule C subtotals) $ 25.00
2. Amount received this period — unitemized nonmonetary contributions of less than $100 $ 0.00
3. Total nonmonetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL $ 25.00

*Contributor Codes
IND — Individual
COM — Recipient Committee
OTH — Other (e.g., business entity)
PTY — Political Party
SCC — Small Contributor Committee

FFPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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Schedule E
Payments Made

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

Statement covers period
from 01/01/2013
through 12/31/2013

NAME OF FILER
Diane Dixon for City Council 2014

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MER member communications
- MTP meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RPD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biebes Communications</td>
<td>CMP</td>
<td></td>
<td>257.05</td>
</tr>
<tr>
<td>3600 W MacArthur Blvd #812</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

SUBTOTAL $ 257.05

Schedule E Summary
1. Itemized payments made this period. (Include all Schedule E subtotals.) ................................................................. $ 257.05
2. Unitemized payments made this period of under $100 ................................................................. $ 50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ......................... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .............. TOTAL $ 307.05

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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