Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Amendment
☐ Termination – See Part 5
Not yet qualified ☜ or ☜ Amendment
List I.D. number:
# 1387480

Date qualified as committee
67 / 28 / 2016
Date qualified as committee
(if applicable)

Date of Termination

1. Committee Information
NAME OF COMMITTEE
Avery for City Council 2020

STREET ADDRESS (NO P.O. BOX)
120 Tustin Ave #C1060

CITY
Newport Beach
STATE
CA
ZIP CODE
92663
AREA CODE/PHONE
(949) 945-8044

MAILING ADDRESS (IF DIFFERENT)
603 E Alton Ave STE G Santa Ana, CA 92705

FAX/E-MAIL ADDRESS
lysaray.campaignservices@gmail.com

COUNTY OF DOMICILE
Orange County

JURISDICTION WHERE COMMITTEE IS ACTIVE
Newport Beach

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Lysa Ray

STREET ADDRESS (NO P.O. BOX)
603 E Alton Ave STE G

CITY
Santa Ana
STATE
CA
ZIP CODE
92705
AREA CODE/PHONE
(714) 540-2295

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY
STATE
ZIP CODE
AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY
STATE
ZIP CODE
AREA CODE/PHONE

3. Verification
I have used all reasonable diligence in preparing 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 5/12/2017
By

Executed on 5/12/2017
By

Executed on
By

Executed on
By

www.netfile.com

FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank of America</td>
<td>(714) 973-1000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>3730 Bristol St</td>
<td>Santa Ana</td>
<td>CA</td>
<td>92705</td>
</tr>
</tbody>
</table>

4. Type of Committee  Complete the applicable sections.

**Controlled Committee**
- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brad Avery</td>
<td>City Council Member: City of Newport Beach District 2</td>
<td>2020</td>
<td>☑️ Nonpartisan</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee**  Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

SUPPORT   OPPOSE