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 Officeholder, Candidate Controlled Committee
   - □ State Candidate Election Committee
   - □ Recall
     (Also Complete Part 5)
   - □ General Purpose Committee
     - □ Sponsored
     - □ Small Contributor Committee
     - □ Political Party/Central Committee
   - □ Primarily Formed Ballot Measure Committee
   - □ Controlled
   - □ Sponsored
     (Also Complete Part 5)
   - □ Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 7)

2. Type of Statement:
   - □ Preelection Statement
   - □ Semi-annual Statement
   - □ Termination Statement
     (Also file a Form 410 Termination)
   - □ Amendment (Explain below)

3. Committee Information
   I.D. NUMBER 1387480
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Avery for City Council 2020
   STREET ADDRESS (NO P.O. BOX)
   120 Tustin Ave #C1060
   CITY  STATE  ZIP CODE  AREA CODE/PHONE
   Newport Beach  CA  92663  (649) 945-8044
   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   603 E Alton Ave STE G
   CITY  STATE  ZIP CODE  AREA CODE/PHONE
   Santa Ana  CA  92705
   OPTIONAL: FAX / E-MAIL ADDRESS
   lysaray.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 07/17/2017
   By
   Executed on 07/17/2017
   By
   Executed on
   By
   Executed on
   By
   Executed on
   By

Treasurer(s)
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) 540-2235
NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS
CITY  STATE  ZIP CODE  AREA CODE/PHONE

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

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

**NAME OF OFFICEHOLDER OR CANDIDATE**

Brad Avery

**OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)**

City Council Member: City of Newport Beach District 2

**RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP**

2406 Holly Ln Newport Beach CA 92663

**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>
</tr>
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<tbody>
<tr>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
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<tbody>
<tr>
<td></td>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
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</table>

<table>
<thead>
<tr>
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<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

### 6. Primarily Formed Ballot Measure Committee

**NAME OF BALLOT MEASURE**

<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT**

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Attach continuation sheets if necessary**
## Contributions Received

1. Monetary Contributions ................................................. Schedule A, Line 3  
   Column A: Total This Period (From Attached Schedules) $10,000.00 
   Column B: Calendar Year Total Year to Date $10,000.00 
2. Loans Received .......................................................... Schedule B, Line 3  
   $0.00 
3. SUBTOTAL CASH CONTRIBUTIONS  
   Add Lines 1 + 2 $10,000.00 
4. Nonmonetary Contributions ............................................. Schedule C, Line 3  
   $0.00 
5. TOTAL CONTRIBUTIONS RECEIVED  
   Add Lines 3 + 4 $10,000.00 

## Expenditures Made

6. Payments Made .......................................................... Schedule E, Line 4  
   $1,091.95 
7. Loans Made ............................................................ Schedule H, Line 3  
   $0.00 
8. SUBTOTAL CASH PAYMENTS  
   Add Lines 5 + 7 $1,091.95 
9. Accrued Expenses (Unpaid Bills) .................................... Schedule F, Line 3  
   $0.00 
10. Nonmonetary Adjustment .............................................. Schedule C, Line 3  
    $0.00 
11. TOTAL EXPENDITURES MADE  
    Add Lines 8 + 9 + 10 $1,091.95 

## Current Cash Statement

12. Beginning Cash Balance  
    Previous Summary Page, Line 16 $5,947.87 
13. Cash Receipts .......................................................... Column A, Line 3 above  
    $10,000.00 
14. Miscellaneous Increases to Cash .................................... Schedule I, Line 4  
    $1,466.90 
15. Cash Payments .......................................................... Column A, Line 6 above  
    $1,091.95 
16. ENDING CASH BALANCE  
    Add Lines 12 + 13 + 14, then subtract Line 15 $16,322.82
   If this is a termination statement, Line 16 must be zero.
17. LOAN GUARANTEES RECEIVED ........................................ Schedule B, Part 2  
    $0.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .................................................... See instructions on reverse  
    $0.00 
19. Outstanding Debts .................................................... Add Line 2 + Line 9 in Column B above  
    $0.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

- Contributions Received  
  1/1 through 8/30  
  7/1 to Date
- Expenditures Made  
  Date of Election  
  mm/dd/yy  
  Total to Date  
  $__________

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*  
   (If Subject to Voluntary Expenditure Limit)  
   Date of Election  
   mm/dd/yy  
   Total to Date  
   $__________

*Amounts in this section may be different from amounts reported in Column B.
### Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .................................................. $ 10,000.00
2. Amount received this period – unitemized monetary contributions of less than $100 ........................................... $ 0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................................. TOTAL $ 10,000.00

*Contributor Codes

IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</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>05/12/2017</td>
<td>GHM&amp;F Engineering Consulting</td>
<td></td>
<td></td>
<td>900.00</td>
<td>900.00</td>
<td>G2020 $900.00</td>
</tr>
<tr>
<td>05/12/2017</td>
<td>Greg Nakahira</td>
<td>X</td>
<td>Managing Director The Picerne Group</td>
<td>1,000.00</td>
<td>1,000.00</td>
<td>G2020 $1,000.00</td>
</tr>
<tr>
<td>05/12/2017</td>
<td>Laurie Nakahira</td>
<td>X</td>
<td>Homemaker</td>
<td>1,000.00</td>
<td>1,000.00</td>
<td>G2020 $1,000.00</td>
</tr>
<tr>
<td>05/12/2017</td>
<td>Kenneth Picerne</td>
<td>X</td>
<td>President The Picerne Group</td>
<td>1,000.00</td>
<td>1,000.00</td>
<td>G2020 $1,000.00</td>
</tr>
<tr>
<td>05/12/2017</td>
<td>Tonya Picerne</td>
<td>X</td>
<td>Homemaker</td>
<td>1,000.00</td>
<td>1,000.00</td>
<td>G2020 $1,000.00</td>
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</tbody>
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**SUBTOTAL**: 4,900.00

*Contributor Codes
- IND - Individual
- COM - Recipient Committee
- OTH - Other (e.g., business entity)
- PTY - Political Party
- SCC - Small Contributor Committee
**Schedule D**  
**Summary of Expenditures**  
**Supporting/Opposing Other Candidates, Measures and Committees**

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION (IF REQUIRED)</th>
<th>AMOUNT THIS PERIOD</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>06/14/2017</td>
<td>Committee to Oppose the Recall of Scott Peotter Newport Beach</td>
<td>☑ Monetary Contribution</td>
<td></td>
<td>250.00</td>
<td>250.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Nonmonetary Contribution</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Independent Expenditure</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>☑ Support</td>
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<tr>
<td></td>
<td></td>
<td>☐ Oppose</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>☐ Support</td>
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<tr>
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<td>☐ Oppose</td>
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<td>☐ Support</td>
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<td></td>
<td></td>
<td>☐ Oppose</td>
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<tr>
<td></td>
<td></td>
<td>☐ Oppose</td>
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</tr>
</tbody>
</table>

**SUBTOTAL $ 250.00**

**Schedule D Summary**

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) .................................. $ 250.00

2. Unitemized contributions and independent expenditures made this period of under $100 ................................................................. $ 0.00

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ............ TOTAL $ 250.00

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CALIFORNIA FORM 460
Statement covers period from 01/01/2017 through 06/30/2017
Page 6 of 9
I.D. NUMBER
1387460
## Schedule E Payments Made

### NAME OF FILER

Avery for City Council 2020

### CODES:

- **CMP**: campaign paraphernalia/misc.
- **CONS**: campaign consultants
- **CTB**: contribution (explain nonmonetary)*
- **CVC**: civic donations
- **FIL**: candidate filing/ballot fees
- **FND**: fundraising events
- **IND**: independent expenditure supporting/opposing others (explain)*
- **LEG**: legal defense
- **LIT**: campaign literature and mailings
- **MBR**: member communications
- **MTG**: 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
- **RFD**: 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><strong>Committee to Oppose the Recall of Scott Peotter (ID# PENDING)</strong></td>
<td>CTB</td>
<td></td>
<td>250.00</td>
</tr>
<tr>
<td>603 E Alton Ave Ste G</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Santa Ana, CA 92705</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lysa Ray Campaign Services</strong></td>
<td>PRO</td>
<td></td>
<td>250.00</td>
</tr>
<tr>
<td>603 E Alton Ave STE G</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Santa Ana, CA 92705</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lysa Ray Campaign Services</strong></td>
<td>PRO</td>
<td></td>
<td>300.00</td>
</tr>
<tr>
<td>603 E Alton Ave STE G</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Santa Ana, CA 92705</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$: $800.00

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ......................................................... $ 1,000.00
2. Unitemized payments made this period of under $100 .......................................................... $ 91.95
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 $ 1,091.95

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## Schedule E (Continuation Sheet)

### Payments Made

**Amounts may be rounded to whole dollars.**

**Statement covers period**
- **from**: 01/01/2017
- **through**: 06/30/2017

**I.D. NUMBER**
- 1387480

**NAME OF FILER**
- Avery for City Council 2020

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

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

<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>Lysa Ray Campaign Services&lt;br&gt;603 E Alton Ave STE G&lt;br&gt;Santa Ana, CA 92705</td>
<td>PRO</td>
<td></td>
<td>50.00</td>
</tr>
</tbody>
</table>

| Lysa Ray Campaign Services<br>603 E Alton Ave STE G<br>Santa Ana, CA 92705 | PRO | | 50.00 |

| Lysa Ray Campaign Services<br>603 E Alton Ave STE G<br>Santa Ana, CA 92705 | PRO | | 50.00 |

| Lysa Ray Campaign Services<br>603 E Alton Ave STE G<br>Santa Ana, CA 92705 | PRO | | 50.00 |

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

**SUBTOTAL $**

200.00

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# Schedule I - Miscellaneous Increases to Cash

**Name of Filer:** Avery for City Council 2020

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/30/2017</td>
<td>City of Newport Beach&lt;br&gt;100 Civic Center Dr.&lt;br&gt;Newport Beach, CA 92660</td>
<td>Refund</td>
<td>$727.00</td>
</tr>
<tr>
<td>02/28/2017</td>
<td>Los Angeles Times&lt;br&gt;202 W. First Street&lt;br&gt;Los Angeles, CA 90012</td>
<td>Check not cashed</td>
<td>$680.00</td>
</tr>
</tbody>
</table>

**Schedule I Summary**

1. Itemized increases to cash this period: ................................................................. $1,407.00
2. Unitized increases to cash of under $100 this period: ........................................ $59.90
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e)) $0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on Summary Page, Line 14.) TOTAL $1,466.90

**CALIFORNIA FORM 460**

**Page 9 of 9**