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.
   - Officiable, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall
     (Also Complete Part 5)
   - General Purpose Committee
     - Sponsored
     - Small Contributor Committee
     (Also Complete Part 7)
   - Primarily Formed Ballot Measure Committee
   - Controlled
     (Also Complete Part 6)
   - Primarily Formed Candidate/Officiable Committee
     (Also Complete Part 7)
   - Quarterly Statement
   - Semi-annual Statement
   - Special Odd-Year Report
   - Termination Statement
     (Also file a Form 410 Termination)
   - Amendment (Explain below)

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

3. Committee Information
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Muldoon for NB City Council 2018
   I.D. NUMBER
   1367652

   STREET ADDRESS (NO P.O. BOX)
   4570 Campus Dr #5
   Newport Beach
   CA 92660
   (949)383-6045

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   603 E Alton Ave STE G
   City
   Santa Ana
   CA 92705

   OPTIONAL: FAX / E-MAIL ADDRESS
   lysaray.campaigntservices@gmail.com

   NAME OF TREASURER
   Lysa Ray
   MAILING ADDRESS
   603 E Alton Ave STE G
   CITY
   Santa Ana
   STATE
   CA
   ZIP CODE
   92705
   AREA CODE/PHONE
   (714)540-2395

   NAME OF ASSISTANT TREASURER, IF ANY
   MAILING ADDRESS
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE

   OPTIONAL: FAX / E-MAIL ADDRESS
   lysaray.campaigntservices@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 on 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 01/23/2018
   By
   Signature of Assistant Treasurer

   Executed on 01/23/2018
   By
   Signature of Controlling Officiable, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on
   By
   Signature of Officiable, Candidate, State Measure Proponent

   Executed on
   By
   Signature of Controlling Officiable, Candidate, State Measure Proponent

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5. **Officeholder or Candidate Controlled Committee**

**NAME OF OFFICEHOLDER OR CANDIDATE**

Kevin Maldon

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

City Council Member: Newport Beach District 4

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

4570 Campus Dr 5  Newport Beach CA 92660

**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>
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</thead>
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<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
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<tbody>
<tr>
<td></td>
<td>□ YES □ NO</td>
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<table>
<thead>
<tr>
<th>CITY</th>
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<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
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</table>

6. **Primarily Formed Ballot Measure Committee**

**NAME OF BALLOT MEASURE**

**BALLOT NO. OR LETTER**

<table>
<thead>
<tr>
<th>JURISDICTION</th>
<th>□ SUPPORT □ OPPOSE</th>
</tr>
</thead>
</table>

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

**NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent**

**OFFICE SOUGHT OR HELD**

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

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

1. Monetary Contributions ........................................ Schedule A, Line 3 $ 2,700.00 $ 9,897.00
2. Loans Received .................................................. Schedule B, Line 3 $ 0.00 $ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS .......................... Add Lines 1 + 2 $ 2,700.00 $ 9,897.00
4. Nonmonetary Contributions ................................. Schedule C, Line 3 $ 587.06 $ 587.06
5. TOTAL CONTRIBUTIONS RECEIVED ....................... Add Lines 3 + 4 $ 3,287.06 $ 10,484.06

## Expenditures Made

6. Payments Made .................................................. Schedule E, Line 4 $ 527.18 $ 2,705.18
7. Loans Made ..................................................... Schedule H, Line 3 $ 0.00 $ 0.00
8. SUBTOTAL CASH PAYMENTS ................................. Add Lines 6 + 7 $ 527.18 $ 2,705.18
9. Accrued Expenses (Unpaid Bills) ......................... Schedule F, Line 3 $ 0.00 $ 0.00
10. Nonmonetary Adjustment ....................................... Schedule C, Line 3 $ 587.06 $ 587.06
11. TOTAL EXPENDITURES MADE ................................. Add Lines 8 + 9 + 10 $ 1,114.24 $ 3,292.24

## Current Cash Statement

12. Beginning Cash Balance ................................. Previous Summary Page, Line 16 $ 17,673.73
13. Cash Receipts .................................................. Column A, Line 3 above $ 2,700.00
14. Miscellaneous Increases to Cash ......................... Schedule I, Line 4 $ 0.00
15. Cash Payments .................................................. Column A, Line 5 above $ 527.18
16. ENDING CASH BALANCE ................................. Add Lines 12 + 13 + 14, then subtract Line 15 $ 19,846.55

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).

## 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 $ $
- Expenditures Made $ $

**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>
<th>$</th>
<th>$</th>
</tr>
</thead>
</table>

*Amounts in this section may be different from amounts reported in Column B.

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www.fppc.ca.gov
<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 (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/29/2017</td>
<td>Carol Boice</td>
<td>X IND</td>
<td>Retired</td>
<td>100.00</td>
<td>100.00</td>
<td>G2018 $100.00</td>
</tr>
<tr>
<td>09/29/2017</td>
<td>Stephen Joyce</td>
<td>X IND</td>
<td>President Newport Beach Tennis Club</td>
<td>200.00</td>
<td>200.00</td>
<td>G2018 $200.00</td>
</tr>
<tr>
<td>08/08/2017</td>
<td>Ryan Kelly</td>
<td>X IND</td>
<td>CEO Spectrum Asset Management</td>
<td>200.00</td>
<td>200.00</td>
<td>G2018 $200.00</td>
</tr>
<tr>
<td>12/18/2017</td>
<td>OCBC's BIZPAC (ID# 802010)</td>
<td>X IND</td>
<td></td>
<td>1,000.00</td>
<td>1,000.00</td>
<td>G2018 $1,000.00</td>
</tr>
<tr>
<td>08/08/2017</td>
<td>Arnt Quist</td>
<td>X IND</td>
<td>Retired</td>
<td>200.00</td>
<td>200.00</td>
<td>G2018 $200.00</td>
</tr>
</tbody>
</table>

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ......................................................... $ 2,700.00
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 $ 2,700.00

*Contributor Codes

IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee
## Schedule A (Continuation Sheet)
### Monetary Contributions Received

**NAME OF FILER**
Muldoon for NB City Council 2018

**NAME OF CONTRIBUTOR**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME</th>
<th>STREET ADDRESS AND ZIP CODE</th>
<th>CONTRIBUTOR CODE</th>
<th>OCCUPATION AND EMPLOYER</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>08/08/2017</td>
<td>Richard Quist</td>
<td></td>
<td>X IND</td>
<td>Physician Self</td>
<td>200.00</td>
<td>200.00</td>
<td>G2018 $200.00</td>
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<tr>
<td>09/29/2017</td>
<td>Susan Seger</td>
<td></td>
<td>X IND</td>
<td>Art Director</td>
<td>200.00</td>
<td>200.00</td>
<td>G2018 $200.00</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Pro Packaging</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/08/2017</td>
<td>Donald Slaughter</td>
<td></td>
<td>X IND</td>
<td>Attorney Self</td>
<td>200.00</td>
<td>200.00</td>
<td>G2018 $200.00</td>
</tr>
<tr>
<td>07/06/2017</td>
<td>Larry Smith</td>
<td></td>
<td>X IND</td>
<td>Owner</td>
<td>200.00</td>
<td>200.00</td>
<td>G2018 $200.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lifes Assoc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/08/2017</td>
<td>South Coast Property Management, Inc.</td>
<td></td>
<td></td>
<td></td>
<td>200.00</td>
<td>200.00</td>
<td>G2018 $200.00</td>
</tr>
</tbody>
</table>

**SUBTOTAL**  1,000.00

*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

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### Schedule C
#### Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

<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>07/20/2017</td>
<td>Muldoon for NB City Council 2018</td>
<td>☑ IND</td>
<td>Retired</td>
<td>Food &amp; beverages for event</td>
<td>$597.06</td>
<td>$337.06 02/018</td>
<td>$837.06</td>
</tr>
</tbody>
</table>

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) .......................................................... $ 597.06

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 $ 597.06

*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

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## Schedule E Payments Made

Amounts may be rounded to whole dollars.

**Statement covers period**

<table>
<thead>
<tr>
<th>from</th>
<th>07/01/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>through</td>
<td>12/31/2017</td>
</tr>
</tbody>
</table>

**NAME OF FILER**

Muldoon for NB City Council 2018

**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
- 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
- VCT: voter registration
- WEB: information technology costs (internet, e-mail)

### NAME AND ADDRESS OF PAYEE

(If committee, also enter ID number)

<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</td>
<td>PRO</td>
<td></td>
<td>25.00</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>Lysa Ray Campaign Services</td>
<td>PRO</td>
<td></td>
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<tr>
<td>Santa Ana, CA 92705</td>
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</tbody>
</table>

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

**SUBTOTAL**

$75.00

### Schedule E Summary

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

   $438.98

2. Unitemized payments made this period of under $100

   $88.20

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**

   $527.18

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FPCC Toll-Free Helpline: 866/ASK-FPCC (866/275-3772)
www.fppc.ca.gov
<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 603 E Alton Ave Ste G Santa Ana, CA 92705</td>
<td>PRO</td>
<td>25.00</td>
<td></td>
</tr>
<tr>
<td>Lysa Ray Campaign Services 603 E Alton Ave Ste G Santa Ana, CA 92705</td>
<td>PRO</td>
<td>25.00</td>
<td></td>
</tr>
<tr>
<td>Lysa Ray Campaign Services 603 E Alton Ave Ste G Santa Ana, CA 92705</td>
<td>PRO</td>
<td>25.00</td>
<td></td>
</tr>
<tr>
<td>Jennifer Rodriguez 156 Bishop Landing Irvine, CA 92620 FND 4/26 32 Attended inc. Mayor</td>
<td>FND</td>
<td>288.98</td>
<td></td>
</tr>
</tbody>
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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 363.98