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.
   ☐ 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 6)
   ☐ Primarily Formed Candidate/Officeholder Committee
   (Also Complete Part 7)

2. Type of Statement:
   ☐ Pre-election Statement
   ☐ Semi-annual Statement
   ☐ Quarterly Statement
   ☐ Special Odd-Year Report
   ☐ Termination Statement (Also file a Form 410 Termination)
   ☐ Amendment (Explain below)
   ☐ Supplemental Pre-election Statement - Attach Form 495

3. Committee Information
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Avery for City Council 2020
   I.D. NUMBER
   1387480

   STREET ADDRESS (NO P.O. BOX)
   120 Tustin Ave #1060
   CITY
   Newport Beach
   STATE
   CA
   ZIP CODE
   92663
   AREA CODE/PHONE
   (949) 945-8044

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

   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 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 01/10/2018
   Date
   By

   Executed on 01/10/2018
   Date
   By

   Executed on
   Date
   By

   Executed on
   Date
   By

   By
   Signature of Treasurer
   Assistant Treasurer

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

   By
   Signature of Officeholder, Candidate, State Measure Proponent

   By
   Signature of Officeholder, Candidate, State Measure Proponent

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

**NAME OF OFFICHELDER 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)**

2406 Holly Ln  

**CITY**  

Newport Beach  

**STATE**  

CA  

**ZIP**  

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>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

### 6. Primarily Formed Ballot Measure Committee

**NAME OF BALLOT MEASURE**

**BALLOT NO. OR LETTER**  

<table>
<thead>
<tr>
<th>JURISDICTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

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

**NAME OF OFFICHELDER, CANDIDATE, OR PROPONENT**

**OFFICE SOUGHT OR HELD**

**DISTRICT NO. IF ANY**

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

**Attach continuation sheets if necessary**
Contributions Received

1. Monetary Contributions .................................. Schedule A, Line 3 $ 0.00 $ 10,000.00
2. Loans Received ........................................... Schedule B, Line 3 0.00 0.00
3. SUBTOTAL CASH CONTRIBUTIONS ....................... Add Lines 1 + 2 $ 0.00 $ 10,000.00
4. Nonmonetary Contributions ................................ Schedule C, Line 3 0.00 0.00
5. TOTAL CONTRIBUTIONS RECEIVED ...................... Add Lines 3 + 4 $ 0.00 $ 10,000.00

Expenditures Made

6. Payments Made ........................................... Schedule E, Line 4 $ 721.00 $ 1,812.95
7. Loans Made .................................................. Schedule H, Line 3 0.00 0.00
8. SUBTOTAL CASH PAYMENTS ............................. Add Lines 6 + 7 $ 721.00 $ 1,812.95
9. Accrued Expenses (Unpaid Bills) ......................... Schedule F, Line 3 0.00 0.00
10. Nonmonetary Adjustment ................................ Schedule C, Line 3 0.00 0.00
11. TOTAL EXPENDITURES MADE ........................... Add Lines 8 + 9 + 10 $ 721.00 $ 1,812.95

Current Cash Statement

12. Beginning Cash Balance ............................... Previous Summary Page, Line 16 $ 16,322.82
13. Cash Receipts ............................................. Column A, Line 3 above 0.00
14. Miscellaneous Increases to Cash ........................ Schedule I, Line 4 0.00
15. Cash Payments ............................................. Column A, Line 8 above 721.00
16. ENDING CASH BALANCE ............................... Add Lines 12 + 13 + 14, then subtract Line 15 $ 15,601.82

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

17. LOAN GUARANTEES RECEIVED ....................... Schedule B, Part 2 0.00
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

20. Contributions Received ................................ $ ........................ $ .............
21. Expenditures Made ...................................... $ ........................ $ .............

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 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>10/09/2017</td>
<td>Diane Dixon for City Council 2018</td>
<td>Monetary</td>
<td>Monetary Contribution</td>
<td>400.00</td>
<td>400.00</td>
<td>02018</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Oppose</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Subtotal $ 400.00

Schedule D Summary

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) $ 400.00

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 $ 400.00
Schedule E
Payments Made

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

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.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- ND 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>
</tr>
</thead>
<tbody>
<tr>
<td>Diane Dixon for City Council 2018 (ID# 1362246)</td>
</tr>
<tr>
<td>3419 Via Lido, Suite 197</td>
</tr>
<tr>
<td>Newport Beach, CA 92663</td>
</tr>
<tr>
<td>CTB</td>
</tr>
<tr>
<td>400.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lysa Ray Campaign Services</td>
</tr>
<tr>
<td>603 E Alton Ave STE G</td>
</tr>
<tr>
<td>Santa Ana, CA 92705</td>
</tr>
<tr>
<td>PRO</td>
</tr>
<tr>
<td>50.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lysa Ray Campaign Services</td>
</tr>
<tr>
<td>603 E Alton Ave STE G</td>
</tr>
<tr>
<td>Santa Ana, CA 92705</td>
</tr>
<tr>
<td>PRO</td>
</tr>
<tr>
<td>50.00</td>
</tr>
</tbody>
</table>

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

SUBTOTAL $ 500.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 700.00
2. Unitemized payments made this period of under $100 $ 21.00
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 $ 721.00

www.netfile.com

FPPC Form 460 (Jan/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov
Schedule E  
(Continuation Sheet)  
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2017 through 12/31/2017

CALIFORNIA FORM 460

Page 6 of 6

I.D. NUMBER 1387480

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 OF PAYMENT</th>
</tr>
</thead>
<tbody>
<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>PHT</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>FRT</td>
<td>print ads</td>
</tr>
<tr>
<td>RAN</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/spoint</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 603 E Alton Ave STE G Santa Ana, CA 92705</td>
<td>PRO</td>
<td></td>
<td>50.00</td>
</tr>
<tr>
<td>Lysa Ray Campaign Services 603 E Alton Ave STE G Santa Ana, CA 92705</td>
<td>PRO</td>
<td></td>
<td>50.00</td>
</tr>
<tr>
<td>Lysa Ray Campaign Services 603 E Alton Ave STE G Santa Ana, CA 92705</td>
<td>PRO</td>
<td></td>
<td>50.00</td>
</tr>
<tr>
<td>Lysa Ray Campaign Services 603 E Alton Ave STE G Santa Ana, CA 92705</td>
<td>PRO</td>
<td></td>
<td>50.00</td>
</tr>
</tbody>
</table>

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

SUBTOTAL $ 200.00