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CITY OF GARDEN GROVE FEB 25 2016
CITY CLERK'S OFFICE

Termination - See Part 5

List I.D. number:
2016 APR 21 AM 9:53 #

Statement of Organization
Recipient Committee

Statement Type Initial

Not yet qualified or

Date qualified as committee _____ Date qualified as committee _____ Date of Termination _____
(If applicable)

1. Committee Information

NAME OF COMMITTEE

O'Neill for Council 2016

STREET ADDRESS (NO P.O. BOX)

11291 Gardenaire Lane

CITY STATE ZIP CODE AREA CODE/PHONE

Garden Grove CA 92841 (714)319-2771

MAILING ADDRESS (IF DIFFERENT)

P.O. Box 627 Garden Grove, CA. 92842

FAX / E-MAIL ADDRESS

ONEILL4GG@GMAIL.COM

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

Garden Grove

2. Treasurer and Other Principal Officers

NAME OF TREASURER

John R. O'Neill

STREET ADDRESS (NO P.O. BOX)

11291 Gardenaire Lane

CITY STATE ZIP CODE AREA CODE/PHONE

Garden Grove CA 92841 (714)319-2771

NAME OF ASSISTANT TREASURER, IF ANY

None

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

Attach additional information on appropriately labeled continuation sheets.

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 02/18/2016

BY

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 02/18/2016

BY

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

BY

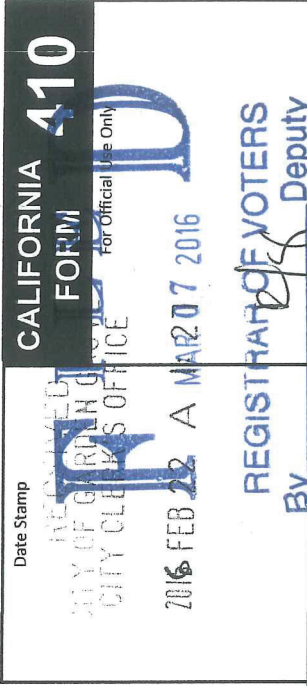
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

BY

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

1583267 garden grove



**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

O'Neill for Council 2016

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

NAME OF FINANCIAL INSTITUTION

Pending Issuance of FPPC ID

AREA CODE/PHONE

BANK ACCOUNT NUMBER

ADDRESS

CITY

STATE

ZIP CODE

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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT

ELECTIVE OFFICE SOUGHT OR HELD
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF ELECTION

PARTY

John R. O'Neill

Garden Grove Council Member

2016

Nonpartisan

Nonpartisan

Primarily Formed Committee

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

SUPPORT

OPPOSE

SUPPORT

OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM
410**

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I.D. NUMBER

COMMITTEE NAME

O'Neill for Council 2016

4. Type of Committee (Contributor)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

_____ / _____ / _____
Date qualified

5. Termination Requirements

By signing this verification, the treasurer, assistant treasurer, and/or candidate, officer, holder, or proprietor certifies that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

-- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.