

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA
FORM

460

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For Official Use Only

Date Stamp
RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

2012 OCT 25 P 4: 21

Type or print in ink.

Date of election if applicable:

(Month, Day, Year) Nov. 6th 2012

Statement covers period

from OCT 1ST 2012

through OCT 20th 2012

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
- Sponsoring
- 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:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee To Elect John R. O'Neill

Council Member 2012

STREET ADDRESS (NO P.O. BOX)

11291 Garden Grove Lane

CITY Garden Grove STATE CA ZIP CODE 92841 AREA CODE/PHONE 714-319-2874

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

N/A

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

Treasurer(s)

NAME OF TREASURER

John R. O'Neill

MAILING ADDRESS

11291 Garden Grove Lane

CITY Garden Grove STATE CA ZIP CODE 92841 AREA CODE/PHONE 714-319-2874

NAME OF ASSISTANT TREASURER, IF ANY

N/A

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

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 10/24/2012 Date

Executed on 10/24/2012 Date

Executed on _____ Date

Executed on _____ Date

By [Signature] Signature of Treasurer or Assistant Treasurer

By [Signature] Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page — Part 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
John R. O'NEILL

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Garden Grove City Council Member

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
11291 Gardenaire Ln. G.C. CA. 92841

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.

COMMITTEE NAME	I.D. NUMBER
<u>N/A</u>	<u>N/A</u>
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
<u>N/A</u>	<u>N/A</u>
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
<u>N/A</u>	<u>N/A</u>
CITY	STATE ZIP CODE AREA CODE/PHONE
<u>N/A</u>	<u>N/A</u>
COMMITTEE NAME	I.D. NUMBER
<u>N/A</u>	<u>N/A</u>
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
<u>N/A</u>	<u>N/A</u>
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
<u>N/A</u>	<u>N/A</u>
CITY	STATE ZIP CODE AREA CODE/PHONE
<u>N/A</u>	<u>N/A</u>

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
N/A

BALLOT NO. OR LETTER JURISDICTION
N/A

SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT
N/A

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY
N/A

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM **460**

Statement covers period from OCT 1ST 2012 through OCT 20th 2014 Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Comm: Tee To Elect John R. O'Neill Council Member 2012

I.D. NUMBER

1352964

Contributions Received

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

1/1 through 6/30 7/1 to Date
20. Contributions Received \$ N/A
21. Expenditures Made \$ _____

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ <u>500.00</u>	\$ <u>500.00</u>
2. Loans Received	Schedule B, Line 3 \$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>500.00</u>	\$ <u>500.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3 \$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>500.00</u>	\$ <u>500.00</u>

Expenditures Made

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

6. Payments Made	Schedule E, Line 4 \$ <u>0</u>	\$ <u>0</u>
7. Loans Made	Schedule H, Line 3 \$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>0</u>	\$ <u>0</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>2,284.30</u>	\$ <u>2,284.30</u>
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>2,284.30</u>	\$ <u>2,284.30</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>0</u>	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).
13. Cash Receipts	Column A, Line 3 above \$ <u>500.00</u>	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>0</u>	
15. Cash Payments	Column A, Line 8 above \$ <u>500.00</u>	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>0</u>	

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ <u>N/A</u>
Cash Equivalents and Outstanding Debts	
18. Cash Equivalents	See instructions on reverse \$ <u>0</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ <u>2,284.30</u>

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

**Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee To Elect John R. O'Neill Council member 2012

Statement covers period
from Oct 1st 2012
through Oct 20th 2012

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I.D. NUMBER

1352964

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Sylvia E. O'Neill

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

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sylvia E. O'Neill 11291 Gardenaic Lane Garden Grove CA. 92841	CMP		Sigars	2,284.30

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$ 2,284.30

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.