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**Recipient Committee  
Campaign Statement  
Cover Page**  
(Government Code Sections 84200-84216.5)

Statement covers period  
from Oct. 1st 2014  
through Oct. 18th 2014

Date of election if applicable:  
(Month, Day, Year)  
Nov. 4th 2014

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

Ballot Measure Committee  
 Primarily Formed  
 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  
 Amendment (Explain below)

Quarterly Statement  
 Special Odd-Year Report  
 Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1352964

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committee to Elect John R. O'Neill Council Member 2014

Treasurer(s)

NAME OF TREASURER  
John R. O'Neill

MAILING ADDRESS  
P.O. Box 627

CITY Garden Grove STATE CA ZIP CODE 92842 AREA CODE/PHONE 714-319-2874

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS  
john@johnoneillforgardengrove.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 10/22/2014 Date  
 Executed on 10/22/2014 Date  
 Executed on \_\_\_\_\_ Date  
 Executed on \_\_\_\_\_ Date

By [Signature] Signature of Treasurer or Assistant Treasurer  
 By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer or Sponsor  
 By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent  
 By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

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# Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA  
FORM **460**

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

## 6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

## 7. Primarily Formed 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"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period  
from Oct. 1st 2014  
through Oct. 18th 2014

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect John R. O'Neill Council Member 2014

I.D. NUMBER

1352964

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 \$ 0	4,889.00
2. Loans Received .....	Schedule B, Line 3 0	20,000.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 0	24,889.00
4. Nonmonetary Contributions .....	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 0	24,889.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ 0	5,525.00
7. Loans Made .....	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 0	5,525.00
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment .....	Schedule C, Line 3 0	0
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 0	5,525.00

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 19,368.40
13. Cash Receipts .....	Column A, Line 3 above 0
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 0
15. Cash Payments .....	Column A, Line 8 above 0
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 19,368.40

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

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2 \$ 0
18. Cash Equivalents .....	See instructions on reverse \$ 0
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above \$ 20,000.00

## Cash Equivalents and Outstanding Debts

## 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	\$ _____
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
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

\*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

**Schedule B - Part 1  
Loans Received**

Statement covers period  
from Oct. 1st 2014  
through Oct. 18th 2014

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Committee to Elect John R. O'Neill Council Member 2014**

I.D. NUMBER  
**1352964**

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	PERELECTION**	
									CALENDAR YEAR	PERELECTION**
Sylvia O'Neill 11291 Gardenaire Lane Garden Grove, CA. 92841	Church Employee Calvary Chapel Anaheim, CA	\$ 20,000.00	\$ 0	\$ 0	\$ 20,000.00	0 %	\$ 20,000.00	\$ 20,000.00	07/21/2014	0
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$	\$	%	\$	\$		
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$	\$	%	\$	\$		
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$	\$	%	\$	\$		
<b>SUBTOTALS \$</b>						<b>\$ 0</b>	<b>\$ 20,000.00</b>	<b>\$ 0</b>	<b>0</b>	<b>0</b>

(Enter (e) on Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$ 0**  
Enter the net here and on the Summary Page, Column A, Line 2.

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

† Contributor Codes

IND - Individual    COM - Recipient Committee (other than PTY or SCC)    OTH - Other    PTY - Political Party    SCC - Small Contributor Committee