

497 Contribution Report

Amounts may be rounded to whole dollars.

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CALIFORNIA
FORM
497
For Official Use Only

NAME OF FILER: O'Neill For Council 2016 District 2
 AREA CODE/PHONE NUMBER: 714-319-2874
 I.D. NUMBER (if applicable): 1383267
 STREET ADDRESS: P.O. Box 627
 CITY: Garden Grove
 STATE: CA
 ZIP CODE: 92842

Date of This Filing: 09/12/2016
 Report No.: 1
 Amendment to Report No. (explain below)
 No. of Pages: 1

2016 SEP 12 AM 11:42

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/12/2016	United Food and Commercial Workers Local 324 PAC Committee # 1306048 8530 Stanton Ave, Buena Park, CA. 90622	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 2000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

**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

Reason for Amendment: _____