

497 Contribution Report

Amounts may be rounded to whole dollars.

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CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

CALIFORNIA
FORM
497
For Official Use Only

2016 SEP 12 AM 11:42

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

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

Reason for Amendment: _____

**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