

497 Contribution Report

Amounts may be rounded to whole dollars.

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: **11291 Gardenaire Lane**
 CITY: **Garden Grove** STATE: **CA** ZIP CODE: **92841**

RECEIVED Date Stamp
10-04-2016 OF **GARDEN GROVE**
CITY CLERK'S OFFICE
 Report No. **2** 2016 OCT -4 PM 12:38
 Amendment to Report No. _____ (explain below)
 No. of Pages **1**

CALIFORNIA FORM 497
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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
10-03-2016	Garden Grove FireFighters PAC Committee ID 780696 12866 Main St. Garden Grove, CA. 92840	<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 _____%
10-03-2016	Garden Grove Police Association PAC Comm. ID 960881 11301 Acacia Parkway Garden Grove, CA. 92840	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 2500.00 <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 _____%

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