

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA
FORM 460

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RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

2017 JUL 11 PM 1:29

Date of election if applicable:

(Month, Day, Year)

11-03-2020

Statement covers period

from 01-01-2017

through 06-30-2017

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
- 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

3. Committee Information

I.D. NUMBER
1383267

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

O'Neill for Council 2020 District 2

Treasurer(s)

NAME OF TREASURER

John R. O'Neill

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

Garden Grove

CITY STATE ZIP CODE AREA CODE/PHONE

Garden Grove CA 92841

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

Garden Grove

CITY STATE ZIP CODE AREA CODE/PHONE

Garden Grove CA 92842

OPTIONAL: FAX / E-MAIL ADDRESS

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 07-10-2017

Date

Executed on 07-10-2017

Date

Executed on

Date

Executed on

Date

By  Signature of Treasurer or Assistant Treasurer

By  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

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
John R. O'Neill ID # **1383267**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Garden Grove Council Member District 2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
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. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 01-01-2017
through 06-30-2017

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

O'Neill for Council 2020 District 2

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I.D. NUMBER
1383267

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	0.00	0.00
2. Loans Received.....	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	0.00	0.00
4. Nonmonetary Contributions.....	0	0
5. TOTAL CONTRIBUTIONS RECEIVED.....	0.00	0.00

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	0.00	0.00
2. Loans Received.....	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	0.00	0.00
4. Nonmonetary Contributions.....	0	0
5. TOTAL CONTRIBUTIONS RECEIVED.....	0.00	0.00

Expenditures Made

6. Payments Made.....	1,525.00	1,525.00
7. Loans Made.....	0	0
8. SUBTOTAL CASH PAYMENTS.....	1,525.00	1,525.00
9. Accrued Expenses (Unpaid Bills).....	0	0
10. Nonmonetary Adjustment.....	0	0
11. TOTAL EXPENDITURES MADE.....	1,525.00	1,525.00

6. Payments Made.....	1,525.00	1,525.00
7. Loans Made.....	0	0
8. SUBTOTAL CASH PAYMENTS.....	1,525.00	1,525.00
9. Accrued Expenses (Unpaid Bills).....	0	0
10. Nonmonetary Adjustment.....	0	0
11. TOTAL EXPENDITURES MADE.....	1,525.00	1,525.00

Current Cash Statement

12. Beginning Cash Balance.....	7012.02	
13. Cash Receipts.....	0.00	
14. Miscellaneous Increases to Cash.....	0.00	
15. Cash Payments.....	1,525.00	
16. ENDING CASH BALANCE.....	5,487.02	

12. Beginning Cash Balance.....	7012.02	
13. Cash Receipts.....	0.00	
14. Miscellaneous Increases to Cash.....	0.00	
15. Cash Payments.....	1,525.00	
16. ENDING CASH BALANCE.....	5,487.02	

17. LOAN GUARANTEES RECEIVED.....

Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....

19. Outstanding Debts.....

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

20. Contributions Received \$.....	1/1 through 6/30	7/1 to Date
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
	/ /	\$
	/ /	\$

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

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).

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 01-01-2017
through 06-30-2017

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

O'Neill for Council 2020 District 2

I.D. NUMBER

1383267

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<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				
		<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				
		<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				
SUBTOTAL \$				0.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 0.00
- Amount received this period – unitemized monetary contributions of less than \$100\$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 0.00

*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

Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

O'Neill for Council 2020 District 2

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Garden Grove Chamber of Commerce 12866 Main Street Suite 102 Garden Grove, CA. 92840 Tax ID: #95-1701620	CVC		2017 Garden Grove State of the City Luncheon Table Donation	400.00
California Secretary of State 1500 11th Street Sacramento, CA 95814 Tax ID: #90-0742457	FIL		Annual Campaign Fee	50.00
OC Autism 14501 Magnolia St, Ste 104 Garden Grove, CA 92683	CVC		Donation	500.00
			SUBTOTAL \$	950.00

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1,525.00
2. Unitemized payments made this period of under \$100 \$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 1,525.00**

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

O'Neill for Council 2020 District 2

Statement covers period
from 01-01-2017
through 06-30-2017

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I.D. NUMBER
1383267

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 | MTG meetings and appearances | RFN 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) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Helping Others Prepare-Eternity (H.O.P.E) 11022 Acacia Pkwy # C, Garden Grove, CA 92840	CVC		20th year Anniversary Donation	500.00
Garden Grove Chamber of Commerce 12866 Main Street Suite 102 Garden Grove, CA. 92840 Tax ID: #95-1701620	CVC		Garden Grove Chamber Annual Gala Dinner	75.00
SUBTOTAL \$				575.00

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