

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified  or List I.D. number: \_\_\_\_\_  
 # 1380980 # \_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 11/05/2015 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date qualified as committee Date qualified as committee Date of Termination  
 (If applicable)

RECEIVED  
 Date Stamp  
 2015 NOV 13 AM 10:51  
 OFFICE OF  
 REGISTERED  
 OFFICERS  
 CITY OF ANAHEIM

**CALIFORNIA FORM 410**  
 For Official Use Only

**1. Committee Information** **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
 O'Neill for City Council 2016  
 STREET ADDRESS (NO P.O. BOX)  
 2618 San Miguel Dr #173  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 Newport Beach, CA 92660 949-416-9313  
 MAILING ADDRESS (IF DIFFERENT)  
 603 E Alton Ave STE G  
 Santa Ana, CA 92705  
 FAX / E-MAIL ADDRESS  
 oneill4newport@gmail.com//lysaray.campaignservices@gmail.com  
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
 Orange Orange

NAME OF TREASURER  
 Lysa Ray  
 STREET ADDRESS (NO P.O. BOX)  
 603 E Alton Ave STE G  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 Santa Ana, CA 92705 714-540-2295  
 NAME OF ASSISTANT TREASURER, IF ANY  
 STREET ADDRESS (NO P.O. BOX)  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 NAME OF PRINCIPAL OFFICER(S)  
 STREET ADDRESS (NO P.O. BOX)  
 CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 11/05/2015 By [Signature]  
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on 11/05/2015 By [Signature]  
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

COMMITTEE NAME  
O'Neill for City Council 2016

2 of 3

FILE NUMBER  
1380980

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE 714-973-1000	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 3730 Bristol St	CITY Santa Ana	STATE CA
		ZIP CODE 92705

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
William O'Neill	District: 7 Newport Beach City Council Member	2016	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

<b>CALIFORNIA FORM 410</b>
3 of 3
I.D. NUMBER 1380980

COMMITTEE NAME  
O'Neill for City Council 2016

**4 Type of Committee** (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee    COUNTY Committee    STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

**Small Contributor Committee**

Date qualified

**5 Termination Requirements**

By signing this verification, the treasurer, assistant treasurer and/or candidate, officer/holder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
  - This committee does not anticipate receiving contributions or making expenditures in the future;
  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section \_\_\_\_\_
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections \_\_\_\_\_, and are subject to Elections Code Section \_\_\_\_\_ and FPPC Regulation \_\_\_\_\_