Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			Date Stamp/	ALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period from01/01/2016 through06/30/2016	Date of election if applicable? (Month, Day, Year)	G - I /M IO: I B Pa	For Official Use Only
		NAME OF THE PROPERTY OF THE PR		
1. Type of Recipient Committee: All Committee \[\begin{align*} \text{ Officeholder, Candidate Controlled Committee} \\ \text{ State Candidate Election Committee} \\ \text{ Recall} \\ \text{ (Also Complete Part 5)} \\ \end{align*} \] \[\text{ General Purpose Committee} \\ \text{ Sponsored} \\ \text{ Small Contributor Committee} \\ \text{ Political Party/Central Committee} \\ \end{align*}	es - Complete Parts 1, 2, 3, and 4. 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 Terminatio) Amendment (Explain below)	☐ Suppleme	Statement dd-Year Report ntal Preelection - Attach Form 495
3. Committee Information	I.D. NUMBER 1380980	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMI O'Neill for City Council 2016	TTEE)	NAME OF TREASURER Lysa Ray MAILING ADDRESS 603 E Alton Ave STE G		
STREET ADDRESS (NO P.O. BOX) 2618 San Miguel Dr #173		CITY Santa Ana	STATE ZIP CODE CA 92705	AREA CODE/PHONE (714)540-2295
CITY STATE Z Newport Beach CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR	P.O. BOX AREA CODE/PHONE (949)416-9313 P.O. BOX	NAME OF ASSISTANT TREASURER, IF AN		(114)510-2255
	ZIP CODE AREA CODE/PHONE 92705	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS oneill4newport@gmail.com//lysaray.campai	gnservices@gmail.com	OPTIONAL: FAX / E-MAIL ADDRESS		
1. Verification I have used all reasonable diligence in preparing and reviunder penalty of perjury under the laws of the State of Cale Executed on	ewing this statement and to the best of my kno ifornia that the foregoing is true and correct.	owledge the information contained herein and in		rue and complete. I certify
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure F	Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure F	Proponent	

Officeholder or Candidate Controlled Committee			Primarily Formed Ball	ot Measure	e Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
William O'Neill							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT
City Council Member: Newport Beach Dis	strict 7						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	ET) CITY STATE ZIP		Identify the controlling st				
			Identify the controlling off			leasure p	proponent, if any
			NAME OF OFFICEHOLDER, CAN	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in the not included in this statement that are controlled in			OFFICE SOUGHT OR HELD		Dieze	NOT NO.	F ANN
contributions or make expenditures on behalf of y	your candidacy.		orrige occom orriges		DISTR	RICT NO. I	F ANY
COMMITTEE NAME	I.D. NUMBER		Market Control of the				WW
NAME OF TREASURER		7.	Primarily Formed Can	didate/Offi	ceholder Commi	ttee lie	et names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s) for which th	is committee is prima	rily forme	ed.
COMMITTEE ADDRESS STREET ADDRESS (No	YES NO		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OF	P HELD	1
STILL ADDILLOS (M	U P.O. BOX)			,	OFFICE GOODIN OF	KILLD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OF	R HELD	
							SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER						OPPOSE
			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OF	R HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OF	3 LIELD	
COMMITTEE ADDRESS STREET ADDRESS (NO	YES NO		NAME OF OFFICEROLDER OR C	ANDIDATE	OFFICE SOUGHT OF	K HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO	J P.O. BOX)						
CITY STATE	ZIP CODE AREA CODE/PHONE						
SIAIE	ZIF GODE AREA GODE/PHONE		Attac	h continuati	on sheets if necess	ary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

		OCIVINALLI AGE						
Statem	ent covers period	CALIFORNIA 160						
from	01/01/2016	FORM 400						
through _	06/30/2016	Page3 of24						
		I.D. NUMBER						

SHMMADVDAGE

NAME OF FILER O'Neill for City Council 2016 1380980 Column A **Calendar Year Summary for Candidates** Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1. Monetary Contributions Schedule A, Line 3 \$ ____ 34,200.00 1/1 through 6/30 7/1 to Date 2. Loans Received Schedule B. Line 3 0.00 0.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ 20. Contributions 34,200.00 34,200.00 Received 4. Nonmonetary Contributions Schedule C, Line 3 287.72 287.72 21. Expenditures Made 34,487.72 Expenditures Made **Expenditure Limit Summary for State** Candidates 9,271.53 7. Loans Made Schedule H. Line 3 0.00 22. Cumulative Expenditures Made* 9,271.53 (If Subject to Voluntary Expenditure Limit) 0.00 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C. Line 3 287.72 287.72 9,559.25 9,559.25 **Current Cash Statement** To calculate Column B, add amounts in Column A to the 13. Cash Receipts Column A, Line 3 above 34,200.00 corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 0.00 from Column B of your last reported in Column B. report. Some amounts in 15. Cash Payments Column A, Line 8 above 9,271.53 Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 48,000.02 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ for this calendar year, only 0.00 carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents See instructions on reverse \$ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule Monetary	A Contributions Received		nts may be rounded whole dollars.	Statement cov	•		FORNIA ORM	SCHEDULE A
	INS ON REVERSE			through <u>06/30/2</u>	016	Page	4	of <u>24</u>
NAME OF FILER						I.D. NU	JMBER	
O'Neill for	City Council 2016					13809	80	
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 DEC. (JAN. 1 - DEC.)	AR	Т	ELECTION O DATE REQUIRED)
03/30/2016	David Bartels	⊠IND □COM □OTH □PTY □SCC	Attorney Callahan & Blaine	100.00	10	00.00	G2016	\$100.0
03/30/2016	Craig Batley	XIND ☐COM ☐OTH ☐PTY ☐SCC	Property Management Burr White Realty	500.00	50	00.00	G2016	\$1,000.00
03/30/2016	Henry Beek	⊠IND □COM □OTH □PTY □SCC	President Balboa Island Ferry Inc	100.00	10	00.00	G2016	\$100.00
03/30/2016	Chad Bollenbach	⊠IND □COM □OTH □PTY □SCC	Investment Consultant Canterbury Consulting	250.00	25	0.00	32016	\$250.00
02/25/2016	Deborah Byron	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney McCormick Barstow	100.00	10	0.00	2016	\$100.00
			SUBTOTAL\$	1,050.00				
(Include all	A Summary eived this period – itemized monetary contributions. Schedule A subtotals.)eived this period – unitemized monetary contributions				ОТН –	dividual Recipiel (other ti Other (e	nt Commit han PTY e.g., busii	
3. Total monet	ary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colum			34,200.00	PTY-F	olitical l	Party	Committee

SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may to whole		Statement coverage from 01/01/		CALIFORNIA 460			
				through 06/30/	^{'2016}	age5	of24		
NAME OF FILER						I.D. NUMBER			
O'Neill for	City Council 2016					1380980			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTO (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 D CALENDAR YEA (JAN. 1 - DEC. 3	AR .	PER ELECTION TO DATE IF REQUIRED)		
03/30/2016	Callahan & Blaine, APC	□IND □COM ☑OTH □PTY □SCC		500.00	500	0.00 G2016	\$500.00		
03/29/2016	Keith Carlson	XIND ☐COM ☐OTH ☐PTY ☐SCC	Attorney Carlson & Jakahumar	100.00	100	0.00 G2016	5 \$100.00		
03/30/2016	Kimberly Chase	IND COM OTH PTY SCC	Attorney Haynes & Boone	100.00	100	0.00 G2016	\$200.00		
03/28/2016	Shane Criqui	☑IND □COM □OTH □PTY □SCC	Attorney Stuart Kane	100.00	100	0.00 G2016	5 \$100.00		
06/30/2016	Leslie Daigle	⊠IND □ COM □ OTH □ PTY □ SCC	Consultant Self	200.00	200	0.00 G2016	\$200.00		
			SUBTOTALS	1,000.00					

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.		SCHEDULE A (CONT.)
	Statement covers period	CALIFORNIA 460
	from01/01/2016	FORM 40U
	through 06/30/2016	Page6 of24

				from	72010		O I KINI	
				through 06/30	/2016	Page_	6 o	f <u>24</u>
NAME OF FILER						I.D. NU	MBER	
O'Neill for	City Council 2016					13809	80	
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 CALENDAR Y (JAN. 1 - DEC	EAR	TO	ELECTION DATE EQUIRED)
06/30/2016	DCI Engineers D'Amato Conversano	□IND □COM 図OTH □PTY □SCC		1,100.00	1,1	00.00	G2016	\$1,100.0
03/30/2016	Delta Partners	☐IND ☐COM 図OTH ☐PTY ☐SCC		250.00	2	50.00	32016	\$250.0
03/29/2016	Diane Dixon for City Council (ID# 1362246)	□IND ⊠COM □OTH □PTY □SCC		100.00	1	00.00	32016	\$100.0
02/16/2016	Christian Dubia	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	1,000.00	1,0	00.00	32016	\$1,000.0
06/29/2016	Fritz Duda	⊠IND □COM □OTH □PTY □SCC	President Fritz Duda Co	1,100.00	1,10	00.00	2016	\$1,100.00
			SUBTOTALS	3,550.00				

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COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY – Political Party SCC – Small Contributor Committee

Schedule A (Continuation Sheet) SCHEDULE A (CONT.) **Monetary Contributions Received** Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. **FORM** 01/01/2016 06/30/2016 through_ Page ____7 of ___24 NAME OF FILER I.D. NUMBER O'Neill for City Council 2016 1380980

			T		1900	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	(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)
06/29/2016	Mary Duda	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker	1,100.00	1,100.00	G2016 \$1,100.00
03/28/2016	Garrett Fahy	⊠IND □COM □OTH □PTY □SCC	Lawyer ECG	100.00	100.00	G2016 \$150.00
01/11/2016	Roberta Fesler	XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250.00	250.00	G2016 \$250.00
02/25/2016	Barry Finch		President Providence Realty Group	100.00	100.00	G2016 \$100.00
04/01/2016	James Franklin		CEO Harbo	1,100.00	1,100.00	G2016 \$1,100.00
			SUBTOTAL \$	2 650 00		

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OTH – Other (e.g., business entity)

PTY - Political Party

SCHEDULE A (CONT.)

wonetary	Monetary Contributions Received		dollars.	from01/01/		FORM 460		
				through06/30	/2016	Page _	8(of24
NAME OF FILER						I.D. NUM	IBER	
O'Neill for	City Council 2016					138098	10	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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 CALENDAR YE (JAN. 1 - DEC.	AR	TO	ELECTION D DATE EQUIRED)
03/30/2016	Lauren Friedman	XIND ☐COM ☐OTH ☐PTY ☐SCC	Lawyer Gibson, Dunn & Crutcher LLP	1,100.00	1,1(00.00 G	2016	\$1,100.00
06/30/2016	Fuscoe Engineering	□IND □COM 図OTH □PTY □SCC		1,100.00	1,10	00.00 G	2016	\$1,100.00
03/30/2016	Katie Goodwin	XIND ☐COM ☐OTH ☐PTY ☐SCC	Paralegal Haynes & Boone	100.00	10	00.00 G	2016	\$100.00
06/30/2016	Group Delta Consultants	□IND □COM 図OTH □PTY □SCC		1,100.00	1,10	0.00 G	2016	\$1,100.00
03/28/2016	Andrew Hadra	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	home building Self	500.00	50	0.00 G	2016	\$500.00
			SUBTOTAL	3,900.00				programme and the second

*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

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary	Monetary Contributions Received		/ be rounded dollars.	Statement cov	CALIFORNIA 460			
				through 06/30	/2016	Page	9 of	24
NAME OF FILER						I.D. NUM	BER	
O'Neill for	City Council 2016					138098	0	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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 CALENDAR YE (JAN. 1 - DEC.	AR	TO	LECTION DATE QUIRED)
06/30/2016	HGI Law Group	□IND □COM 図OTH □PTY □SCC		1,100.00	1,10	0.00 G	2016	\$1,100.00
02/04/2016	Kalab Honey		Owner Law Offices of Kalab A Honey	250.00	25	0.00 G	2016	\$250.00
03/29/2016	Erum Khan		Design Self	350.00	35	0.00 G	2016	\$350.00
02/04/2016	Marc Kleiman		exec Province West	250.00	25	0.00 G2	2016	\$250.00
02/16/2016	Klein & Wilson	□IND □COM 図OTH □PTY □SCC		100.00	10	0.00 G2	2016	\$100.00
			SUBTOTAL \$	2,050.00			li in	

*Contributor Codes

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(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded	SCHEDULE A (C						
to whole dollars.	Statement covers period	CALIFORNIA 460					
	from01/01/2016	FORM 400					
	through 06/30/2016	Page 10 of 24					
		I.D. NUMBER					

NAME OF FILER						I.D. NU	JMBER	
O'Neill for	City Council 2016					13809		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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 CALENDAR YE (JAN. 1 - DEC.	AR	1	R ELECTION TO DATE REQUIRED)
03/29/2016	Robert Knudsen	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Accountant Nathan Associates	100.00	10	0.00	G2016	\$100.00
03/30/2016	James Lacy		Attorney Weaver & Lacy LLP	1,100.00	1,10	0.00	G2016	\$1,100.00
02/04/2016	Robert Lambert		Senior Director Cushman Wakefield	100.00	10	0.00	G2016	\$100.00
	Margaret Larkin	XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	1,100.00	1,100	0.00	G2016	\$1,100.00
06/16/2016	Thomas Larkin	XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	1,100.00	1,100	0.00	32016	\$1,100.00
			SUBTOTAL \$	3.500.00				i ing

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PTY – Political Party SCC – Small Contributor Committee

Amounts may be rounded

SCHEDULE A (CONT.)

wonetary	Contributions Received	Amounts may to whole		Statement cov	•	FORM 460		
				through 06/30	/2016	Page	11_ of	24
NAME OF FILER						I.D. NUMB	JER	
O'Neill for	City Council 2016					1380980)	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT CUMULATIVE T RECEIVED THIS CALENDAR PERIOD (JAN. 1 - DE		AR	TOD	ECTION DATE QUIRED)
04/08/2016	Law Office of Michael J Fitzgerald	□IND □COM 図OTH □PTY □SCC		100.00	10	0.00 G2	016	\$100.00
03/04/2016	Hugh Logan	XIND ☐COM ☐OTH ☐ PTY ☐SCC	Retired	200.00	20	0.00 G2	016	\$200.00
06/30/2016	Joyce Matzen		Pharmacy Manager Raleys	400.00	400	0.00 G2	016	\$400.00
03/30/2016	Bob McCaffrey	XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	1,100.00	1,100	0.00 G20	016	\$1,100.00
03/20/2016	Michael McClellan		Attorney Newmeyer & Dillion	1,100.00	1,100	0.00 G20	016	\$1,100.00
			SUBTOTAL \$	2,900.00			100	

*Contributor Codes

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(other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

monotary	Contributions Neceived	to whole		from 01/01	/ers period /2016	CALIFORNIA 460		
NAME OF FILER				through 06/30			2_ of24	
	City Council 2016					.D. NUMBE	₹	
o notifi for	City Council 2010					L380980		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	R	PER ELECTION TO DATE (IF REQUIRED)	
03/22/2016	Evan Moore	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Real Estate Strattford Capital	1,100.00	1,100	.00 G20	\$1,100.00	
06/30/2016	MVE Partners	□IND □COM 図OTH □PTY □SCC		1,100.00	1,100	.00 G203	\$1,100.00	
05/02/2016	North Lemon 145, LLC	☐IND ☐COM ☑OTH ☐PTY ☐SCC		1,000.00	1,000	.00 G201	6 \$1,000.00	
03/28/2016	John O'Hara	IND COM OTH PTY SCC	Attorney Newmeyer & Dillion	500.00	500	.00 G201	6 \$500.00	
02/25/2016	Mart Oller	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Attorney McCormick Barstow	500.00	500	.00 G201	6 \$500.00	
			SUBTOTAL\$	4,200.00				

*Contributor Codes

IND - Individual

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(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole		Statement cov		CALIFORNIA 460		
				through06/30	/2016	Page	13	of <u>24</u>
NAME OF FILER						I.D. NL	JMBER	
O'Neill for	City Council 2016					13809	980	
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 CALENDAR YE (JAN. 1 - DEC.	AR	Т	ELECTION O DATE REQUIRED)
03/25/2016	Justin Owens	XIND □COM □OTH □PTY □SCC	Attorney Stradling Yocca Carlson & Rauth	250.00	2:	0.00	G2016	\$250.00
03/30/2016	Peter Pallette	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	200.00	20	00.00	G2016	\$200.00
06/30/2016	Pamela Burton & Co	□IND □COM 図OTH □PTY □SCC		250.00	25	0.00	G2016	\$250.00
03/28/2016	Jim Parker	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Investment Property Mgmt Port Calypso Marina	1,100.00	1,10	0.00	G2016	\$1,100.00
03/30/2016	Party Princess USA LLC	□IND □COM 図OTH □PTY □SCC		1,100.00	1,10	0.00	G2016	\$1,100.00
			SUBTOTAL\$	2,900.00				

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule A (Continuation Sheet)

	SCF	ΙΕDΙ	JLE	A	(CON	Т.
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	Contributions Received	Amounts may	v be rounded	Statement		DULEA (CONT.)	
Monotary	Contributions Received	to whole		Statement cove	· CA	ALIFORNIA FORM	^A 460
				from01/01/	2010	I GIAM	
				through 06/30/	2016 Par	је <u>14</u>	of <u>24</u>
NAME OF FILER					I.D.	NUMBER	
O'Neill for	City Council 2016				13	80980	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TOR CONTRIBUTOR CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	⁻ -	R ELECTION TO DATE REQUIRED)
06/08/2016	George Piggott	⊠IND □COM □OTH □PTY □SCC	George Piggot APC Self	200.00	200.0	00 G2016	\$200.00
03/31/2016	Redwood West	□IND □COM ☑OTH □PTY □SCC	Owner Redwood West	250.00	250.0	00 G2016	\$250.00
04/29/2016	Regal Court Reporting INC	☐IND ☐COM 図OTH ☐PTY ☐SCC		850.00	850.0	00 G2016	\$850.00
05/11/2016	David Sheffner	☑IND □COM □OTH □PTY □SCC	MD Self	150.00	150.0	0 G2016	\$150.00
05/25/2016	Alexander Stamos	XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CSO Facebook	1,100.00	1,100.0	0 G2016	\$1,100.00
			SUBTOTALS	\$ 2,550.00		1.50	

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

Schedule A (Continuation Sheet)

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole		Statement cov	•	CALIFORNIA 460		
				through 06/30	/2016	Page .	15 o	of24
NAME OF FILER						I.D. NUI		
O'Neill for	City Council 2016					13809	80	
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 D CALENDAR YEA (JAN. 1 - DEC. 3	AR	то	ELECTION DATE EQUIRED)
05/25/2016	Katie Stamos	⊠IND □COM □OTH □PTY □SCC	Homemaker	1,100.00	1,100).00	G2016	\$1,100.00
03/30/2016	Joseph Stapleton	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Financial Advisor Signature Resources	250.00	250	0.00	32016	\$250.00
01/31/2016	Joshua Stowell		Attorney Knobbe Martens	500.00	500	0.00	32016	\$500.00
06/30/2016	Michael Tenerelli		Attorney Dorsey & Whitney	500.00	500	0.00	32016	\$500.00
03/28/2016	Robert Tennant		VP Veros Credit LLC	150.00	150	0.00 G	2016	\$150.00
			SUBTOTAL \$	2,500,00				

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule A (Continuation Sheet)

		SCHEDULE A (CONT.)
av be rounded	Statement severe medical	

Monetary Contributions Received		Amounts may to whole		Statement cov	C	CALIFORNIA 460		
				through 06/30	/2016 Pa	age16	of 24	
NAME OF FILER			77001		1.0	D. NUMBER		
O'Neill for	City Council 2016				1	380980		
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 DA CALENDAR YEAR (JAN. 1 - DEC. 31)	1	ELECTION TO DATE REQUIRED)	
03/29/2016	Thomas Vincent	XIND ☐COM ☐OTH ☐PTY ☐SCC	Attorney Paye & Fear LLP	250.00	250.	00 G2016	\$250.00	
02/11/2016	Oliver Wanger	XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Partner Barnes & Thornburg	250.00	250.	00 G2016	\$250.00	
03/07/2016	Kurt Wolber	⊠IND □COM □OTH □PTY □SCC	Attorney Locke Lord LLP	100.00	100.	00 G2016	\$100.00	
03/25/2016	Andrew Wood		Attorney Baker & Hostetler	100.00	100.	00 G2016	\$100.00	
03/28/2016	Dean Zipser		Attorney Umberg Zipser LLP	500.00	500.	00 G2016	\$500.00	
			SUBTOTAL \$	1,200,00				

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule Nonmone	C tary Contributions Received	Amounts may be rounded to whole dollars.	Г	Statement covers period CALIFORNI					HEDULE 0	
					from	01/01/201	L6	FO	RM	+00
SEE INSTRUCTIO	NS ON REVERSE				throu	u gh_ 06/30/201	16	Page	17 of	24
NAME OF FILER				··· ··· ··· ··· · · · · · · · · · · ·				I.D. NUME		
O'Neill for	City Council 2016							1380980	.	
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)	DESCRIPTION OF		AMOUNT/ FAIR MARKET VALUE	D. CALENE	ATIVE TO ATE DAR YEAR - DEC 31)	PER ELE TO D/ (IF REQI	NTE .
)6/30/2016 wi	lliam O'Neill	⊠IND □COM □OTH □PTY □SCC		СМР		287.72		287.72	G2016	\$287.72
		□IND □COM □OTH □PTY □SCC								
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						1001		
		□IND □COM □OTH □PTY □SCC								
Attach additio	onal information on appropriately labels	ed continuation	on sheets.	SUBTOTA	AL\$	287.72				
Schedule C		contributions.					IND-	tributor Cod		
				287.72	·	l – Recipient (other tha	n PTY or SC	C)		
. Total nonmo	eived this period – unitemized nonmoneta netary contributions received this period. I and 2. Enter here and on the Summary I						PTY SCC	– Other (e.g – Political Pa – Small Con	rtv	

Schedule E Payments Made	be rounded dollars.	Statement covers period C/	SCHEDULE ALIFORNIA 460 FORM	
SEE INSTRUCTIONS ON REVERSE			through06/30/2016 Pa	age18 of24
NAME OF FILER	***	Mile de la companya del companya de la companya de la companya del companya de la companya del la companya del la companya de		D. NUMBER
O'Neill for City Council 2016			1:	380980
CODES: If one of the following codes accurately described 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 coi MTG meetings ai OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de	mmunications nd appearances nses ulating	erwise, describe the payment. RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production Candidate travel, lodging, and meal STSF transfer between committees of th VOT voter registration WEB information technology costs (interi	n costs Is neals ne same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR D	ESCRIPTION OF PAYMENT	AMOUNT PAID
Anedot.com 5555 Hilton Avenue Suite 106 Baton Rouge, LA 70801		cc Processing		10.05
Anedot.com 5555 Hilton Avenue Suite 106 Baton Rouge, LA 70801		cc		4.20
Anedot.com 5555 Hilton Avenue Suite 106 Baton Rouge, LA 70801		cc Processing		55.80
* Payments that are contributions or independent expenditures m	nust also be summ	arized on Schedule D.	SUBTOTA	AL\$ 70.05
Schedule E Summary				
Itemized payments made this period. (Include all Schedule I	E subtotals.)		φ.	0 000 50
2. Unitemized payments made this period of under \$100			······	9,268.53
3. Total interest paid this period on loans. (Enter amount from	Schedule B. Part	1 Column (e))	\$	3.00
, , , , , , , , , , , , , , , , , , , ,	- s. ioddio D, i dit	., Column (6)./	\$	0.00

9,271.53

Schedule E (Continuation Sheet) Payments Made		Amounts may be rounded to whole dollars.			Statement covers period m 01/01/2016		SCHEDULE E (CONT. CALIFORNIA 460 FORM		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				thr	ough06/30/2016		of24		
O'Neill for City Council 2016						1.D. NUM 138098			
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications d appearand nses lating s survey resea ivery and m	ces	RAI RFE SAI TEL TRO TRS TSF VOT	oradio airtime and product returned contributions campaign workers' salarity. v. or cable airtime and go candidate travel, lodging, staff/spouse travel, lodging transfer between commit	ion costs ies production cost and meals ng, and meals tees of the sa	me candidate/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTI	ON OF PAYMENT		AMOUNT PAID		
Anedot.com 5555 Hilton Avenue Suite 106 Baton Rouge, LA 70801			cc Processing	1		***************************************	55.80		
Bieber Communications 3609 W MacArthur Blvd #812 Santa Ana, CA 92704	The second secon	CMP					223.00		
Bieber Communications 1609 W MacArthur Blvd #812 Santa Ana, CA 92704		LIT					2,732.96		
elta Partners 188 Airway Ave #L osta Mesa, CA 92626		CNS					5,000.00		

PRO

50.00

Lysa Ray Campaign Services 603 E Alton Ave Ste G Santa Ana, CA 92705

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

Button Subton Subton \$1,061.76

**Button Subton Su

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may l to whole d		ı	State from through	ment covers period 01/01/2016 06/30/2016	FO Page	20 of 24
O'Neill for City Council 2016						1.D. NUM 138098	
CODES: If one of the following codes accurately describes 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 campaign literature and mailings	MBR member con MTG meetings ar OFC office exper PET petition circu phone banks POL polling and POS postage, del	nmunication Id appearan Inses Idating Is Is Inservey Inse	ns nces	RAD rad RFD ret SAL car TEL t.v. TRC car TRS star TSF trai	dice and product the payme dice airtime and product the contributions in a cable airtime and product the cable airtime and product travel, lodging, ff/spouse travel, lodging ff/spouse travel, lodging ff between committed the committed of the committed the control of the committed t	ent. tion costs ries production cost and meals ng, and meals tees of the sa	ts ime candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF	PAYMENT		AMOUNT PAID
Lysa Ray Campaign Services 603 E Alton Ave Ste G Santa Ana, CA 92705		PRO					300.0
Lysa Ray Campaign Services 603 E Alton Ave Ste G Santa Ana, CA 92705							250.00
Lysa Ray Campaign Services 603 E Alton Ave Ste G Santa Ana, CA 92705		PRO					50.00
Lysa Ray Campaign Services 503 E Alton Ave Ste G Santa Ana, CA 92705		PRO					50.00
ysa Ray Campaign Services 03 E Alton Ave Ste G anta Ana, CA 92705		PRO					250.00

SUBTOTAL \$

900.00

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

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE E	(CONT.
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Statement covers period	CALIFORNIA 460			
from 01/01/2016	FORM TOO			
through 06/30/2016	Page 21 of 24			
	I.D. NUMBER			
	1380980			

O'Neill for City Council 2016

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 RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating PET TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees TRC candidate travel, lodging, and meals PHO phone banks 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 legal defense PRO professional services (legal, accounting) VOT voter registration 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	AMO	DUNT PAID
Stripe 3180 18th St San Francisco, CA 94110		cc Processing		14.80
Stripe 3180 18th St San Francisco, CA 94110		cc Processing		3.20
Stripe 3180 18th St San Francisco, CA 94110		cc Processing		32.20
Stripe 3180 18th St San Francisco, CA 94110		cc Processing		32.20
Stripe 3180 18th St San Francisco, CA 94110		cc Processing		34.25
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$	116.65

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may t to whole d			Statement covers period from01/01/2016 through06/30/2016	SCHEDULE E (CONT. CALIFORNIA 460 FORM 22 of 24 I.D. NUMBER
O'Neill for City Council 2016					1380980
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications d appearance nses lating s survey resear ivery and me	es	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, an TRS staff/spouse travel, lodging.	n costs duction costs and meals and meals ss of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID
Stripe 3180 18th St San Francisco, CA 94110			cc Processing		7.55
Stripe 3180 18th St San Francisco, CA 94110			cc Processing		6.40
Stripe 3180 18th St San Francisco, CA 94110			cc Processing		12.20
Stripe 3180 18th St San Francisco, CA 94110			cc Processing		2.20

cc Processing

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

1.75

30.10

Stripe 3180 18th St San Francisco, CA 94110

Schedule E (Continuation Sheet) Payments Made
SEE INSTRUCTIONS ON REVERSE

O'Neill for City Council 2016

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDU	JLE E (CONT.)
CALIFORNIA	460
FORM	TUU

Statement covers period		CALIFORNIA 460
from	01/01/2016	FORM 400
through	06/30/2016	Page 23 of 24
		I.D. NUMBER

1380980

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 RFD 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 independent expenditure supporting/opposing others (explain)* IND 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 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
Stripe 3180 18th St San Francisco, CA 94110	cc Pro	ocessing	1.75
Stripe 3180 18th St San Francisco, CA 94110	cc Pro	ocessing	64.40
Stripe 3180 18th St San Francisco, CA 94110	cc Pro	ocessing	1.17
Stripe 3180 18th St San Francisco, CA 94110	cc Pro	ocessing	1.75
Stripe 3180 18th St San Francisco, CA 94110	cc Pro	cessing	14.80
* Payments that are contributions or independent expenditures must also be sum	umarized on Schodule D	OIL	PTOTAL \$ 02.07

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

SUBTOTAL \$

83.87

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.		from	Statement covers period from01/01/2016 through06/30/2016		SCHEDULE E (CON CALIFORNIA FORM	
NAME OF FILER					-9	Page _	
O'Neill for City Council 2016						138098	
CODES: If one of the following codes accurately describ 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 of meetings a OFC office exp PET petition cir PHO phone ban POL polling and POS postage, d	ommunications and appearan enses culating ks I survey rese elivery and m	s ces	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and returned contribution campaign works t.v. or cable airticandidate travel, staff/spouse transfer between voter registration	payment. d production costs utions ers' salaries me and production cost , lodging, and meals rel, lodging, and meals n committees of the sa	ts me candidate/sponsc
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
Stripe 3180 18th St San Francisco, CA 94110			cc Processing				6.1
* Payments that are contributions or independent owns all the second of							
* Payments that are contributions or independent expenditures must als	o be summarized on	Schedule D.				SUBTOTAL \$	6.10

6.10