Statement of Organization
Recipient Committee

Statement Type    X Initial
                  Not yet qualified X or
                  Amendment
                  List I.D. number:
                  # ___________________

1. Committee Information

NAME OF COMMITTEE
O'Neill For City Council 2016

STREET ADDRESS (NOT P.O. BOX)
2618 San Miguel Dr #173

CITY
Newport Beach, CA 92660

STATE ZIP CODE AREA CODE/PHONE
949-415-9313

MAILING ADDRESS (IF DIFFERENT)
603 E Alton Ave STE G
Santa Ana, CA 92705

CITY

PAYEE MAIL ADDRESS
oneillnewport@gmail.com/lysoray.campaigndirect@gmail.com

COUNTY OF ORIGIN
Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Lyso Ray

STREET ADDRESS (NOT P.O. BOX)
603 E Alton Ave STE G

CITY
Santa Ana, CA 92705

STATE ZIP CODE AREA CODE/PHONE
714-540-2295

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NOT P.O. BOX)

CITY

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NOT P.O. BOX)

CITY

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 10/21/2015 By ____________________________
DATE

EXECUTED ON DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Signature of contributing officer, holder, candidate, or state measure proponent

SIGNATURE OF CONTRIBUTING OFFICER, HOLDER, CANDIDATE, OR STATE MEASURE PROponent
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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
O'Neill for City Council 2016

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>William O'Neill</td>
<td>District: 7 Newport Beach City Council Member</td>
<td>2016</td>
<td>2 Nonpartisan</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>
Statement of Organization
Recipient Committee

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 received /

5. Termination Requirements
By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, 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 89519.

--- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 185715.