Statement of Organization
Recipient Committee

Statement Type □ Initial
☑ Amendment □ Termination – See Part 5

☐ Not yet qualified
☐ Date qualified as committee
☐ Date qualified as committee
Date of termination

1. Committee Information

I.D. Number (if applicable) 1380980

NAME OF COMMITTEE
O'Neill for City Council 2020

STREET ADDRESS (NO P.O. BOX)
2618 San Miguel Dr #173

CITY Newport Beach
STATE CA
ZIP CODE 92660
AREA CODE/PHONE (949) 416-9313

MAILING ADDRESS (IF DIFFERENT)
c/o Lysa Ray 3843 S Bristol St #604 Santa Ana, CA 92704

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
oneill4newport@gmail.com // lysaray.campaignservices@gmail.com

CITY Newport Beach
STATE CA
ZIP CODE 92660
AREA CODE/PHONE (949) 416-9313

COUNTY OF DOMICILE Orange
JURISDICTION WHERE COMMITTEE IS ACTIVE Orange

2. Treasurer and Other Principal Officers

NAME OF TREASurer
Lysa Ray

STREET ADDRESS (NO P.O. BOX)
3843 S Bristol St #604

CITY Santa Ana
STATE CA
ZIP CODE 92704
AREA CODE/PHONE (714) 540-2295

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY Newport Beach
STATE CA
ZIP CODE 92660
AREA CODE/PHONE (949) 416-9313

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY Newport Beach
STATE CA
ZIP CODE 92660
AREA CODE/PHONE (949) 416-9313

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 7/22/2018
DATE
By
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/22/2018
DATE
By
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Executed on
DATE
By
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Executed on
DATE
By
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
O’Neill for City Council 2020

- 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>Bank of America</td>
<td>(714)973-1000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>3730 Bristol St</td>
<td>Santa Ana</td>
<td>CA</td>
<td>92705</td>
</tr>
</tbody>
</table>

4. Type of Committee  Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officerholder, candidate, or state measure proponent. If candidate or officerholder 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 officerholder or candidate is affiliated or check “nonpartisan.” Stating “No party preference” is acceptable.

- 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/OFFICERHOLDER/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>City Council Member: Newport Beach District 7</td>
<td>2020</td>
<td>Nonpartisan, Partisan (list political party below)</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 or OPPOSE</td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td>SUPPORT or OPPOSE</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>
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  ☐ Political Party/Central Committee

**Sponsored Committee**

List additional sponsors on an attachment.

**Small Contributor Committee**

☐ □ Date qualified

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 18521.5.