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City

Statement of Organization Recipient Committee

Statement Type Initial Amendment
Not yet qualified or

Amendment
List I.D. number: # 1349574 2014
Date qualified as committee: 9/24/2012
 Termination - See Part 5
List I.D. number: # JUL 23 A 10: 24
Date of Termination: _____

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
JUL 15 2014
Hand Delivered, Sacramento

CALIFORNIA FORM 410
For Official Use Only
JUL 18 2014
REGISTRAR OF VOTERS
Deputy

1. Committee Information

NAME OF COMMITTEE
PHAT BUI FOR GARDEN GROVE 2014
STREET ADDRESS (NO P.O. BOX)
10071 TRASK AVE CA 92843 714 7134079
CITY STATE ZIP CODE AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT)
PHAT@PHATBUI.COM
FAX/ E-MAIL ADDRESS
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER
PHAT BUI
STREET ADDRESS (NO P.O. BOX)
10071 TRASK AVE C
CITY STATE ZIP CODE AREA CODE/PHONE
GARDEN GROVE CA 92843 714 713 4079
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 7/14/2014 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 7/14/2014 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

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

| | | |
|-------------------------------|-----------------|---------------------|
| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOUNT NUMBER |
| ADDRESS | CITY | STATE ZIP CODE |

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 |
|--|---|------------------|---|
| PHAT BUI | GARDEN GROVE CITY COUNCIL | 2014 | <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 <input type="checkbox"/> | OPPOSE <input type="checkbox"/> |
| | | SUPPORT <input type="checkbox"/> | OPPOSE <input type="checkbox"/> |