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City

Statement of Organization Recipient Committee

Statement Type Initial Amendment
Not yet qualified or

Date qualified as committee: _____ / _____ / _____
Date qualified as committee (if applicable): 9/24/2012
Date of Termination: _____ / _____ / _____

List I.D. number: # 1349574 2014
List I.D. number: # JUL 23 A 10: 24

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): _____

FAX/ E-MAIL ADDRESS: PHAT@PHATBUI.COM

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: _____

NAME OF ASSISTANT TREASURER, IF ANY: GARDEN GROVE CA 92843 714 713 4079

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]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/14/2014 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

Page 2

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"/>