

Statement of Organization
Recipient Committee

Statement Type Initial

Not yet qualified or

Amendment *pk*

List I.D. number:

Termination - See Part 5

List I.D. number:

Date qualified as committee 07/25/2016

Date qualified as committee (if applicable) _____

Date of Termination _____

1. Committee Information

NAME OF COMMITTEE
*Denian Garcia-Morrey for Garden Grove
city Council District 5 2014*

STREET ADDRESS (NO P.O. BOX)
11611 Candy Lane

CITY
Garden Grove

STATE
CA

ZIP CODE
92840

AREA CODE/PHONE
714-881-9860

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
denian@hotmai.com

COUNTY OF DOMICILE
orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Denian Garcia-Morrey

STREET ADDRESS (NO P.O. BOX)
11611 Candy Lane

CITY
Garden Grove

STATE
CA

ZIP CODE
92840

AREA CODE/PHONE
714-881-9860

NAME OF ASSISTANT TREASURER, IF ANY
None

STREET ADDRESS (NO P.O. BOX)

CITY
None

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 July 25, 2016 By *[Signature]* SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on July 25, 2016 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

