

**Statement of Organization
Recipient Committee**

Statement Type Initial or
Not yet qualified or

Amendment
List I.D. number: _____ # _____

Termination - See Part 5
List I.D. number: _____ # _____

Date qualified as committee

Date of Termination

1. Committee Information

NAME OF COMMITTEE
Duy Nguyen for City Council 2016

STREET ADDRESS (NO P.O. BOX)
12102 Gilbert St #7

CITY
Garden Grove

STATE
CA

ZIP CODE
92841

AREA CODE/PHONE
(714) 684-4799

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

FAX / E-MAIL ADDRESS
Lysaray.campaignservices@gmail.com

COUNTY OF DOMICILE
Orange County

JURISDICTION WHERE COMMITTEE IS ACTIVE
Garden Grove

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Lysa Ray

STREET ADDRESS (NO P.O. BOX)
603 E Alton Ave STE G

CITY
Santa Ana

STATE
CA

ZIP CODE
92705

AREA CODE/PHONE
(714) 540-2295

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 7/13/2016 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/13/2016 By _____
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

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

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Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

Duy Nguyen for City Council 2016

- 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

Controlled Committee

- Complete the applicable sections.
- 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
Duy Nguyen	City Council Member: Garden Grove District 3	2016	<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
		OPPOSE
		SUPPORT
		OPPOSE

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I.D. NUMBER

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Duy Nguyen for City Council 2016

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 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.