

**Statement of Organization
Recipient Committee**

Statement Type Initial or
Not yet qualified

Amendment
List I.D. number: # 1386732

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

Date qualified as committee / / 07 / 25 / 2016
(if applicable)

Date of Termination / /

RECEIVED
Date Stamp
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

CALIFORNIA
FORM 410

For Official Use Only

2016 AUG -2 AM 10:06

1. Committee Information

NAME OF COMMITTEE
Kim Nguyen for City Council 2016
STREET ADDRESS (NO P.O. BOX)
12152 Adrian St #8-202
CITY STATE ZIP CODE AREA CODE/PHONE
Garden Grove CA 92840 (714) 725-9972
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 JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange Garden Grove


2. Treasurer and Other Principal Officers

NAME OF TREASURER
Lyssa Ray
STREET ADDRESS (NO P.O. BOX)
603 E Alton Ave STE G
CITY STATE ZIP CODE AREA CODE/PHONE
Santa Ana CA 92705 (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 7/25/2016 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 7/25/2016 By SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER
Executed on DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER
Executed on DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

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COMMITTEE NAME

I.D. NUMBER

Kim Nguyen for City Council 2016

1386732

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

NAME OF FINANCIAL INSTITUTION		AREA CODE/PHONE	BANK ACCOUNT NUMBER
Bank of America		(714) 973-1000	325068158970
ADDRESS		CITY	STATE
3730 Bristol St		Santa Ana	CA
		ZIP CODE	92705

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
Kim Nguyen	City Council Member: Garden Grove District 6	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
		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

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COMMITTEE NAME

Kim Nguyen for City Council 2016

I.D. NUMBER

1386732

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.