

**Statement of Organization
Recipient Committee**

Statement Type Initial or
Not yet qualified

Amendment
List I.D. number:
1382701

04 / 27 / 2016
Date qualified as committee
(if applicable)

Termination - See Part 2
List I.D. number:

Date of Termination
_____ / _____ / _____

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

AUG - 1 AM 10: 02

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Rick Montoya for Garden Grove City Council 2016, District 6

STREET ADDRESS (NO P.O. BOX)

1440 N. Harbor Blvd. Suite 707

CITY STATE ZIP CODE AREA CODE/PHONE

Fullerton CA 92835 (714)745-5281

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

(949)271-4896/joana.barcelona0321@gmail.com

COUNTY OF DOMICILE

Orange JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Joana Barcelona

STREET ADDRESS (NO P.O. BOX)

739 S Walnut Ave

CITY STATE ZIP CODE AREA CODE/PHONE

Brea CA 92821 (714)747-2008

NAME OF ASSISTANT TREASURER, IF ANY

Tammi McIntyre

STREET ADDRESS (NO P.O. BOX)

118 Chestnut Place

CITY STATE ZIP CODE AREA CODE/PHONE

Fullerton CA 92832 (949)697-7532

NAME OF PRINCIPAL OFFICER(S)

Rick Montoya

STREET ADDRESS (NO P.O. BOX)

12611 Cardinal Ave.

CITY STATE ZIP CODE AREA CODE/PHONE

Garden Grove CA 92843 (714)390-5179

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 7/29/14 By _____

Executed on 7/29/14 By _____

Executed on _____ By _____

Executed on _____ By _____

Executed on _____ By _____

Executed on _____ By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

I.D. NUMBER

1382701

COMMITTEE NAME

Rickk Montoya for Garden Grove City Council, District 6

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

NAME OF FINANCIAL INSTITUTION

Opus Bank

AREA CODE/PHONE

(714)578-7502

BANK ACCOUNT NUMBER

48450159

ADDRESS

200 West Commonwealth Ave

CITY

Fullerton

STATE

CA

ZIP CODE

92832

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
Rickk Montoya	City Council Member, 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)	CHECK ONE	
	SUPPORT	OPPOSE
CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>