

*Garden Grove*

### Statement of Organization Recipient Committee

Statement Type  Initial  or Not yet qualified

Amendment List I.D. number: # 1382701

Date qualified as committee \_\_\_\_\_ or Date qualified as committee (if applicable) 04/27/16

Date of Termination \_\_\_\_\_

RECEIVED CITY OF GARDEN GROVE CITY CLERK'S OFFICE

Termination See Part 5 # 2016 JUN -2 AM 9:53

CALIFORNIA FORM 410

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RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 13 2016

MAY 06 2016 REGISTRAR OF VOTERS By \_\_\_\_\_ Deputy

### 1. Committee Information

NAME OF COMMITTEE

Rick Montoya for Garden Grove City Council 2016

### 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Joana Barcelona

STREET ADDRESS (NO P.O. BOX)

739 S Walnut Ave

CITY

Brea

STATE

CA

ZIP CODE

92821

AREA CODE/PHONE

(714)747-2008

NAME OF ASSISTANT TREASURER, IF ANY

Tammi McIntyre

STREET ADDRESS (NO P.O. BOX)

118 Chestnut Place

CITY

Fullerton

STATE

CA

ZIP CODE

92832

AREA CODE/PHONE

(949)697-7532

NAME OF PRINCIPAL OFFICER(S)

Rick Montoya

STREET ADDRESS (NO P.O. BOX)

12611 Cardinal Ave.

CITY

Garden Grove

STATE

CA

ZIP CODE

92843

AREA CODE/PHONE

(714)390-5179

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 04-27-16 By [Signature]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 04/27/16 By [Signature]

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on \_\_\_\_\_ By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on \_\_\_\_\_ By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

1382701

COMMITTEE NAME

**Rickk Montoya for Garden Grove City Council 2016**

- 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

**Rickk Montoya**

ELECTIVE OFFICE SOUGHT OR HELD  
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

**City Council Member**

YEAR OF ELECTION

**2016**

PARTY

Nonpartisan

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
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM  
**410**

Page 3

I.D. NUMBER

1382701

COMMITTEE NAME

Rick Montoya for Garden Grove 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.