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garden grove

Statement of Organization Recipient Committee

Statement Type Initial or Not yet qualified

RECEIVED CITY OF GARDEN GROVE CITY CLERK'S OFFICE

List I.D. number: 2016 MAR -7 PM 12: 12 #

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

Date qualified as committee (if applicable) / / Date of Termination / /

DATE STAMP: FEB 08 2016

RECEIVED AND FILED in the office of the Secretary of State of the State of California

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FEB 12 2016

REGISTRAR OF VOTERS Deputy

1. Committee Information

NAME OF COMMITTEE: FRIENDS OF RICKK MONTOYA FOR GARDEN GROVE CITY COUNCIL 2016

STREET ADDRESS (NO P.O. BOX): 12611 CARDINAL AVENUE
CITY: GARDEN GROVE STATE: CA ZIP CODE: 92843 AREA CODE/PHONE: (714)390-5179

MAILING ADDRESS (IF DIFFERENT): SAME AS ABOVE

FAX / E-MAIL ADDRESS: rickmontoyagg@gmail.com
CITY OF DOMICILE: ORANGE JURISDICTION WHERE COMMITTEE IS ACTIVE: GARDEN GROVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER: RICHARD L MONTOYA JR

STREET ADDRESS (NO P.O. BOX): 12611 CARDINAL AVENUE
CITY: GARDEN GROVE STATE: CA ZIP CODE: 92843 AREA CODE/PHONE: (714)390-5179

NAME OF ASSISTANT TREASURER, IF ANY: [Blank]

STREET ADDRESS (NO P.O. BOX): [Blank]
CITY: [Blank] STATE: [Blank] ZIP CODE: [Blank] AREA CODE/PHONE: [Blank]

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 2/4/16 BY [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2/4/16 BY [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on [Blank] BY [Blank] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on [Blank] BY [Blank] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME
FRIENDS OF 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 W. 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 | COUNCILMEMBER | 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 <input type="checkbox"/> OPPOSE <input type="checkbox"/> |
| | | SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/> |