

**Statement of Organization
Recipient Committee**

Statement Type

- Initial
 Not yet qualified
 or
 Date qualified as committee
 _____/_____/_____
- Amendment
 2018 JUN -0 PM 3:03
 01 / 01 / 2011
 Date qualified as committee
- Termination - See Part 5
 _____/_____/_____
 Date of termination

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

garden grove

Date Stamp

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

JUL 18 2018

By _____

CALIFORNIA FORM 410
For Official Use Only

JUL 20 2018
REGISTRAR OF VOTERS
Deputy

1. Committee Information

I.D. Number
(if applicable)

1349574

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Phat Bui for Council 2018

STREET ADDRESS (NO P.O. BOX)

[Redacted]

STATE ZIP CODE AREA CODE/PHONE

Garden Grove CA 92843 [Redacted]

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

pbui@netresultllc.com

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

Garden Grove

NAME OF TREASURER

Phat Bui

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

Garden Grove CA 92843 [Redacted]

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 7/16/2018 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/16/2018 By [Signature]
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