

Statement of Organization
Recipient Committee

Statement Type

☒ Initial

☐ Not yet qualified

or

☒ Date qualification threshold met

8 / 16 / 18

☐ Amendment

Date qualification threshold met

☐ Termination - See Part 5

Date of termination

Date Stamp

RECEIVED AND FILED

in the office of the Secretary of State
of the State of California

AUG 27 2018

CALIFORNIA
FORM

410

For Official Use Only

OCT 14 2018

REGISTRAR OF VOTERS
Deputy

1. Committee Information

I.D. Number

(if applicable)

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

FRIENDS OF GEORGE BRIETIGAM FOR GARDEN
GROVE CITY COUNCIL (2018)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

GARDEN GROVE CA 92845

FULL MAILING ADDRESS (IF DIFFERENT)

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

GBRIETIGAM@SOCAL.RR.COM

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

ORANGE

GARDEN GROVE

NAME OF TREASURER

LISA BRIETIGAM

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

GARDEN GROVE CA 92845

NAME OF ASSISTANT TREASURER, IF ANY

GEORGE E. BRIETIGAM

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

GARDEN GROVE CA 92845

NAME OF PRINCIPAL OFFICER(S)

GEORGE S. BRIETIGAM III

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

GARDEN GROVE CA 92845

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

8/21/18
DATE

By

Lisa Brietigam
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

8/21/18
DATE

By

G.S. Brietigam III
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

FRIENDS OF GEORGE BRIETIGAM FOR GARDEN GROVE CITY COUNCIL (2018)

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
<u>U. S. BANK</u>	<u>(714) 622-1770</u>	<u>157515196663</u>
ADDRESS	CITY	STATE ZIP CODE

12112 VALLEY VIEW GARDEN GROVE CA. 92845

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." Stating "No party preference" is acceptable.
- 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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
<u>GEORGE STEPHEN BRIETIGAM^{III}</u>	<u>DIST No. 1</u> <u>GARDEN GROVE COUNCIL MEMBER</u>	<u>2018</u>	Nonpartisan ☒	Partisan ☐	(list political party below)
			Nonpartisan ☐	Partisan ☐	(list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
<u>GEORGE STEPHEN BRIETIGAM^{III}</u>	<u>GARDEN GROVE COUNCIL MEMBER, DISTRICT NO. 1</u>	SUPPORT ☒	OPPOSE ☐
		SUPPORT ☐	OPPOSE ☐