

Statement of Organization
Recipient Committee

Statement Type

☒ Initial

☐ Not yet qualified
or

☐ Date qualified as committee

☐ Amendment

☐ Termination - See Part 5

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date of termination

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

DEC 12 2017

CALIFORNIA
FORM 410

City of San Jose
Office of the City Clerk

DEC 20 2017

ACCEPTED
REJECTED

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE

CHRIS LE FOR SAN JOSE COUNCIL DISTRICT 7 2018

STREET ADDRESS (NO P.O. BOX)

CITY

SAN JOSE

STATE

CA

ZIP CODE

95127

AREA CODE/PHONE

408-667-7744

MAILING ADDRESS (IF DIFFERENT)

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

CHRISLEFORSANJOSE@GMAIL.COM

COUNTY OF DOMICILE

SANTA CLARA

JURISDICTION WHERE COMMITTEE IS ACTIVE

SAN JOSE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

THAO NGUYEN

STREET ADDRESS (NO P.O. BOX)

CITY

SAN JOSE

STATE

CA

ZIP CODE

95127

AREA CODE/PHONE

408-341-5307

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 for

Executed on 11/02/2017

DATE

By

Executed on 11/02/2017

DATE

By

SIGNATURE

TREASURER

MEASURE PROONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

FPPC Form 410 (October/2017)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

CHRIS LE FOR SAN JOSE COUNCIL DISTRICT 7 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
ADDRESS	CITY	STATE
		ZIP CODE

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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE	PARTY
CHRIS LE	SAN JOSE CITY COUNCIL DISTRICT 7	2018	<input checked="" type="checkbox"/> Nonpartisan	Partisan (list political party below)
			<input type="checkbox"/> 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
		SUPPORT OPPOSE
		SUPPORT OPPOSE

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I.D. NUMBER

COMMITTEE NAME

CHRIS LE FOR SAN JOSE COUNCIL DISTRICT 7 2018

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 ☐ Political Party/Central 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

AREA CODE/PHONE

Small Contributor Committee



Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or an opponent certifies 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.