

City Clerk's Office  
 AUG 11 2020  
 RECEIVED

Statement of Organization  
 Recipient Committee

Statement Type

Initial  
 Not yet qualified or Date qualification threshold met  
 Amendment  
 Termination - See Part 5  
 Date qualification threshold met \_\_\_\_\_ Date of termination \_\_\_\_\_

CALIFORNIA FORM 410

1. Committee Information		I.D. Number		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE RE-ELECT MAYOR RICH TRAN 2020		NAME OF TREASURER RICH TRAN		STREET ADDRESS (NO P.O. BOX) 385 ETHYL ST., UNIT #2			
STREET ADDRESS (NO P.O. BOX) 385 ETHYL ST., UNIT #2		CITY MILPITAS		STATE CA		ZIP CODE 95035	
CITY MILPITAS		AREA CODE/PHONE CA 95035 (408) 755-5554		NAME OF ASSISTANT TREASURER (IF ANY)			
FULL NAME AND TITLE OF PRESIDENT		STREET ADDRESS (NO P.O. BOX)					
E-MAIL ADDRESS (REQUIRED) (OPTIONAL) MR. RICHARD.TRAN@GMAIL.COM		CITY		STATE		ZIP CODE	
COUNTY (REQUIRED) SANTA CLARA		CITY OF COMMITTEE IS ACTIVE CITY OF MILPITAS		NAME OF PRINCIPAL OFFICER(S)			
Attach additional information on appropriately labeled continuation sheets.		STREET ADDRESS (NO P.O. BOX)					
		CITY		STATE		ZIP CODE	

**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: 08/07/2020 by: Rich Tran  
 Executed on: 08/07/2020 by: Rich Tran  
 Executed on: \_\_\_\_\_ by: \_\_\_\_\_  
 Executed on: \_\_\_\_\_ by: \_\_\_\_\_

**Statement of Organization  
Recipient Committee**  
INSTRUCTIONS ON REVERSE

COMMITTEE NAME: **LEEUECT WITH RICH TRAM 2020**

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

NAME OF FINANCIAL INSTITUTION	AREA CREDIT/PHONE	BANK ACCT. NUMBER
WELLS FARGO	(408) 586-7682	PENDING FPPC #
ADDRESS: 1 S. MURPINS BLVD.	CITY: MURPINS	STATE: CA ZIP CODE: 95035

**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 PROPOSAL	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY (OR CA GEN)	Nonpartisan	Partisan	(Is political party proposed)
RICH TRAM	MAYOR, CITY OF MURPINS	2020		X		

**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 (REGARD BALLOT OR ITEM #) (IF A RACE, STATE "RACE" IN FRONT OF THE OFFICEHOLDER'S NAME)	CANDIDATE'S OFFICE SOUGHT OR HELD OR MEASURE'S SUBJECT (INCLUDE DISTRICT NO., CITY OR COUNTY AS APPLICABLE)	YEAR OF ELECTION	Party	Nonpartisan	Partisan	(Is political party proposed)