

**Statement of Organization  
Recipient Committee**

Statement Type

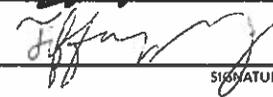
<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input checked="" type="radio"/> Not yet qualified or	<input type="radio"/> Date qualification threshold met	<input type="radio"/> Date of termination
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

Date Stamp  
City Clerk's Office  
JUL 23 2020  
**RECEIVED**

**CALIFORNIA**  
**FORM 410**  
For Official Use Only

<b>1. Committee Information</b>				<b>2. Treasurer and Other Principal Officers</b>						
I.D. Number 1427655 <i>(if applicable)</i>				NAME OF TREASURER						
NAME OF COMMITTEE Tiffany Vuong for Milpitas City Council 2020				Edgar Palos						
STREET ADDRESS (NO P.O. BOX) 1711 Clear Lake Avenue				STREET ADDRESS (NO P.O. BOX) 828 Goldenrod Ct						
CITY Milpitas		STATE CA	ZIP CODE 95035	AREA CODE/PHONE 408-320-7870	CITY Sunnyvale	STATE CA	ZIP CODE 94086	AREA CODE/PHONE 408-728-8793		
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY						
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) tiffanyvuong.milpitas@gmail.com				STREET ADDRESS (NO P.O. BOX)						
COUNTY OF DOMICILE Santa Clara		JURISDICTION WHERE COMMITTEE IS ACTIVE Milpitas		CITY STATE ZIP CODE AREA CODE/PHONE						
NAME OF PRINCIPAL OFFICER(S) Tiffany Vuong				STREET ADDRESS (NO P.O. BOX) 1711 Clear Lake Ave						
Attach additional information on appropriately labeled continuation sheets.				CITY Milpitas				STATE CA	ZIP CODE 95035	AREA CODE/PHONE 408-320-7870
<b>3. Verification</b>										

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 07/22/20 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on 07/22/20 By  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME <b>Tiffany Vuong for Milpitas City Council 2020</b>	I.D. NUMBER <b>1427655</b>
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <b>Meriwest Credit Union</b>	AREA CODE/PHONE <b>877-637-4937</b>
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ADDRESS <b>5615 Chesbro Avenue</b>	CITY <b>San Jose</b>	STATE <b>CA</b>	ZIP CODE <b>95123</b>
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**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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
<b>Tiffany Vuong</b>	<b>Milpitas City Council</b>	<b>2020</b>	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

