

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
or
 Date qualification threshold met
____/____/____

Amendment
Date qualification threshold met
09 / 19 / 16

Termination - See Part 5
Date of termination
06 / 14 / 19

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
AUG 05 2019

CALIFORNIA FORM 410
For Official Use Only
City Clerk's Office
AUG 15 2019

1. Committee Information I.D. Number (if applicable) 1389973

NAME OF COMMITTEE
Neighbors for Anthony Phan 2016 - City Council

STREET ADDRESS (NO P.O. BOX)
440 Dixon Landing Road Apt L210

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	4087264704

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
voteanthonyphan@gmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Santa Clara	City of Milpitas

2. Treasurer and Other Principal Officers **RECEIVED**

NAME OF TREASURER
Anthony Phan

STREET ADDRESS (NO P.O. BOX)
440 Dixon Landing Road Apt L210

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	4087264704

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Anthony Phan

STREET ADDRESS (NO P.O. BOX)
440 Dixon Landing Road Apt L210

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	4087264704

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 06/14/19 By Anthony Phan
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 06/14/19 By Anthony Phan
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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

Neighbors for Anthony Phan 2016 - City Council

I.D. NUMBER

1389973

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

NAME OF FINANCIAL INSTITUTION Wells Fargo	AREA CODE/PHONE 4085867682	BANK ACCOUNT NUMBER 9050661983
ADDRESS 1 S Milpitas Blvd	CITY Milpitas	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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
Anthony Phan	City Council	2016	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified
 or
 Date qualified as committee _____/_____/_____
 9 / 19 / 16 Date qualified as committee _____/_____/_____
 (If amending to provide this date) Date of termination _____/_____/_____

Date Stamp	CALIFORNIA FORM 410
City Clerk's Office AUG 02 2017 RECEIVED	
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1. Committee Information	I.D. Number (if applicable) 1389973	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE
Neighbors for Anthony Phan 2016 - City Council

STREET ADDRESS (NO P.O. BOX)
440 Dixon Landing Road Apt L210

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	4087264704

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
voteanthonyphan@gmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Santa Clara	City of Milpitas

NAME OF TREASURER
Anthony Phan

STREET ADDRESS (NO P.O. BOX)
440 Dixon Landing Road Apt L210

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	4087264704

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Anthony Phan

STREET ADDRESS (NO P.O. BOX)
440 Dixon Landing Road Apt L210

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	4087264704

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 7-31-17 By Anthony Phan
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7-31-17 By Anthony Phan
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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

Neighbors for Anthony Phan 2016 - City Council

I.D. NUMBER

1389973

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

NAME OF FINANCIAL INSTITUTION		AREA CODE/PHONE		
Wells Fargo		4085867682		
ADDRESS	CITY	STATE	ZIP CODE	
1 S Milpitas Blvd	Milpitas	CA	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."
- 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
Anthony Phan	City Council	2016	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment

List I.D. number:

1384973

Termination - See Part 5

List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

_____/_____/_____
Date of Termination

Date Stamp

City Clerk's Office
AUG 15 2016
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1. Committee Information

NAME OF COMMITTEE

Neighbors for Anthony Phan 2016 - City Council

STREET ADDRESS (NO P.O. BOX)

312 Edgewater Dr

CITY STATE ZIP CODE AREA CODE/PHONE

MILPITAS CA 95035 (408) 725-4704

MAILING ADDRESS (IF DIFFERENT)

same as above

FAX / E-MAIL ADDRESS

voteanthonyphan@gmail.com

COUNTY OF DOMICILE

Santa Clara

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Milpitas

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Jonathan Le

STREET ADDRESS (NO P.O. BOX)

3789 Chilton Ct

CITY STATE ZIP CODE AREA CODE/PHONE

San Jose CA 95111 408 725 4704

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 08-14-16 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 08-14-16 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

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Page 2

COMMITTEE NAME

I.D. NUMBER

Neighbors for Anthony Phan 2016 - City Council

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

NAME OF FINANCIAL INSTITUTION <i>Wells Fargo</i>	AREA CODE/PHONE <i>(408) 586-7682</i>	BA
ADDRESS <i>1 S. Milpitas Blvd</i>	CITY <i>Milpitas</i>	STATE <i>CA</i>
		ZIP CODE <i>95035</i>

4. Type of Committee Complete the applicable sections.

Controlled Committee

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- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- 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
<i>ANTHONY PHAN</i>	<i>CITY COUNCIL</i>	<i>2016</i>	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>