Statement of Organization CITY OF GARDEN GROVE CITY CLERK'S OFFICE	RECEIVED AND FILE FORM
Statement Type Initial	Date of termination Date of termination AUG 27 2018 OCT 1 4 2018
I.D. Number (if applicable) NAME OF COMMITTEE FRIEDRY OF CEORCE BRIED CARDEN	2. Treasurer and Other Principal Officers NAME OF TREASURER
FRIENDS OF GEORCE BRIETIGAM FOR GARDEN GROVE CITY COUNCIL (2018) STREET ADDRESS (NO P.O. BOX)	STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE
CITY STATE ZIP CODE AREA CODE/PHONE CARDEN GROVE CA 92845 FULL MAILLING ADDRESS (IF DIFFERENT)	GARDEN GROVE CA 92845 NAME OF ASSISTANT TREASURER, IF ANY GEORGE E. BRIETIGAM STREET ADDRESS (NO P.O. BOX)
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) GBRIETIGAM SOCAL RR. COM COUNTY OF DOMICILE GRANGE GRANGE GRANGE GRANGE	STATE ZIP CODE AREA CODE/PHONE CAYROEN GROVE CA. 92845 NAME OF PRINCIPAL OFFICER(S) GEORGE S. BRIETIGAM
Attach additional information on appropriately labeled continuation sheets.	STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE CARDEN GROVE CA. 92845
penalty of perjury under the laws of the State of California that the foregoing is true	ny knowledge the information contained herein is true and complete. I certify under e and correct.
Executed on 8/21/18 By SIGNATURE OF GON ROLLING	GOFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on By	G 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						CALIFO FOR		10
INSTRUCTIONS ON REVERSE					. [Page 2		
COMMITTEE NAME						I.D. NUMBER		
FRIENDS OF GEORGE BRIETIGAM	FOR GARDEN GRE	DUE CITY COUR	CIL (20	<u>।८)</u>				
 All committees must list the financial institution where to 	the campaign bank accoun	t is located.	2					
NAME OF FINANCIAL INSTITUTION	AREA CO	DDE/PHONE	BAN	K ACCOUNT NUMBER				
U.S. BANK	1/7	14)622-1770	,	15751519	16663			
ADDRESS	CITY	7,4 22 - 1 - 1 - 1	STAT	E ZIP	CODE		8	
12112 YALLEY VIEW	GARDEN GRO	VE	CA.	9284	<u> </u>			
4. Type of Committee Complete the applicable s								
Controlled Committee		g						
 List the name of each controlling officeholder, candi district number, if any, and the year of the election. 	date, or state measure p	proponent. If candida	ite or officeho	older controlled, a	lso list the ele	ective office	sought or h	eld, and
• List the political party with which each officeholder						ble.		
 If this committee acts jointly with another controlle 	d committee, list the nar	me and identification	number of the	e other controlled	committee.			
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROF	PONENT (ELECTIVE OFFICE SOUGH INCLUDE DISTRICT NUMBER		YEAR OF ELECTION	PAR CHECK			¥
GEORGE STEPHEN BRIETIGAM	GARDEN	GROVE COUNCY	DIST NO. I LMEMBE		Nonpartisan Nonpartisan		t political party t political party	
	NES							
Primarily Formed Committee Primarily formed to	support or oppose spec	ific candidates or mea	sures in a sing	gle election. List	below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE B) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEH	ALLOT NO. OR LETTER) OLDER'S NAME.			T OR HELD OR MEASUR , CITY OR COUNTY, AS A		l 	CHECK	ONE
SEORGE STEPHEN BRIETIGAM		GARDEN GROVE. (ouncil ME	EMBER, DIST	RICT NO.	T.	SUPPORT	OPPOSE