

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	07 / 23 / 2024

Date Stamp
RECEIVED AND FILED
In the office of the Secretary of State
of the State of California
AUG 12 2024

CALIFORNIA FORM 410
For Official Use Only
RECEIVED
Alameda County
AUG 21 2024
Reg. of Voters

1. Committee Information		2. Treasurer and Other Principal Officers			
I.D. Number (if applicable) 1434851		NAME OF TREASURER Phuong Nguyen			
NAME OF COMMITTEE Phuong Nguyen for Newark School Board 2020		STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE
STREET ADDRESS (NO P.O. BOX)		Newark		CA	94560
CITY STATE ZIP CODE AREA CODE/PHONE		EMAIL ADDRESS OF TREASURER (REQUIRED)			
Newark CA 94560		NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)		AREA CODE/PHONE	
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)			
Alameda		STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE
Attach additional information on appropriately labeled continuation sheets.		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)		AREA CODE/PHONE	

3. Verification

I have used all reasonable diligence in preparing this statement and the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify under

Executed on 7/23/24 By [Signature] ASSISTANT TREASURER

Executed on 7/23/24 By [Signature] STATE, 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

**CALIFORNIA
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COMMITTEE NAME Phuong Nguyen for Newark School Board 2020	I.D. NUMBER 1434851
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• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Wells Fargo	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	CITY Newark	STATE CA	ZIP CODE 94560

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		
Phuong Nguyen	Newark Unified School District Board	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			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