

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

1369470

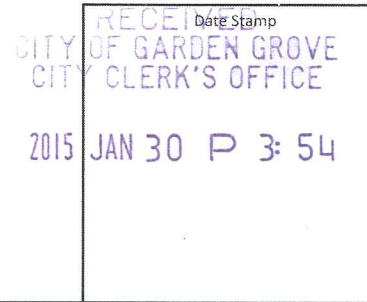
Termination – See Part 5

List I.D. number:

_____/_____/_____
Date qualified as committee

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

_____/_____/_____
Date of Termination



CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Bao Nguyen for Garden Grove Mayor 2016

STREET ADDRESS (NO P.O. BOX)

118 Chestnut Place

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Fullerton</u>	<u>CA</u>	<u>92832</u>	<u>(714)747-2008</u>

MAILING ADDRESS (IF DIFFERENT)

739 S. Walnut Ave. Brea, CA 92821

FAX / E-MAIL ADDRESS

9492714896/joana.barcelona0321@gmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
<u>Orange</u>	

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Mary Joana Barcelona

STREET ADDRESS (NO P.O. BOX)

739 S. Walnut Ave.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Brea</u>	<u>CA</u>	<u>92821</u>	<u>(714)747-2008</u>

NAME OF ASSISTANT TREASURER, IF ANY

Tamara McIntyre

STREET ADDRESS (NO P.O. BOX)

118 Chestnut Place

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Fullerton</u>	<u>CA</u>	<u>92832</u>	<u>(949)697-7532</u>

NAME OF PRINCIPAL OFFICER(S)

Bao Nguyen

STREET ADDRESS (NO P.O. BOX)

12861 Schakelford Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Garden Grove</u>	<u>CA</u>	<u>92841</u>	<u>(714)251-6885</u>

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 <u>01/30/15</u> <small>DATE</small>	By <u></u> <small>SIGNATURE OF TREASURER OR ASSISTANT TREASURER</small>
Executed on <u>1/30/15</u> <small>DATE</small>	By <u></u> <small>SIGNATURE OF CONTROLLING OFFICE-HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on _____ <small>DATE</small>	By _____ <small>SIGNATURE OF CONTROLLING OFFICE-HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on _____ <small>DATE</small>	By _____ <small>SIGNATURE OF CONTROLLING OFFICE-HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>