

Statement of Organization Recipient Committee

Statement Type: Initial [] or Amendment [x] Termination []
List I.D. number: # 1369470
Date qualified as committee: / /
Date qualified as committee (if applicable): / /
Date of Termination: / /

RECEIVED AND FILED in the office of the Secretary of the State of California
Date Stamp: FEB 17 2015
CALIFORNIA FORM 410
REGISTRAR OF VOTERS
MAR 10 2015

1. Committee Information

NAME OF COMMITTEE: Bao Nguyen for Garden Grove Mayor 2016
STREET ADDRESS (NO P.O. BOX): 118 Chestnut Place
CITY: Fullerton STATE: CA ZIP CODE: 92832 AREA CODE/PHONE: (714)747-2008
MAILING ADDRESS (IF DIFFERENT): 739 S. Walnut Ave. Brea, CA 92821
FAX / E-MAIL ADDRESS: 9492714896/joana.barcelona0321@gmail.com
COUNTY OF DOMICILE: Orange JURISDICTION WHERE COMMITTEE IS ACTIVE:

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Mary Joana Barcelona
STREET ADDRESS (NO P.O. BOX): 739 S. Walnut Ave.
CITY: Brea STATE: CA ZIP CODE: 92821 AREA CODE/PHONE: (714)747-2008
NAME OF ASSISTANT TREASURER, IF ANY: Tamara McIntyre
STREET ADDRESS (NO P.O. BOX): 118 Chestnut Place
CITY: Fullerton STATE: CA ZIP CODE: 92832 AREA CODE/PHONE: (949)697-7532
NAME OF PRINCIPAL OFFICER(S): Bao Nguyen
STREET ADDRESS (NO P.O. BOX): 12861 Schakelford Lane
CITY: Garden Grove STATE: CA ZIP CODE: 92841 AREA CODE/PHONE: (714)251-6885

Deputy

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 01/30/15 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 11/30/15 By [Signature] 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