

1369470

**Statement of Organization
Recipient Committee**

Statement Type **Initial** **Amendment** **Termination - See Part 5**

Not yet qualified or **2014 SEP 12 P 1:56**

List I.D. number: # _____ # _____

Date qualified as committee 08/06/14 Date qualified as committee (If applicable) _____ Date of Termination _____

Date Stamp

FILED

in the office of the Secretary of State of the State of California

AUG 11 2014

CALIFORNIA FORM 410

For Official Use Only

AUG 22 2014

REGISTRAR OF VOTERS

1. Committee Information **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Bao Nguyen for Garden Grove Mayor 2014

STREET ADDRESS (NO P.O. BOX)
739 S. Walnut Ave

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

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
9492714896/t-mac-consulting@pacbell.net

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange	

NAME OF TREASURER
Mary Joana Barcelona

STREET ADDRESS (NO P.O. BOX)
739 S. Walnut Ave.

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

NAME OF ASSISTANT TREASURER, IF ANY
Tamara McIntyre

STREET ADDRESS (NO P.O. BOX)
118 Chestnut Place

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

NAME OF PRINCIPAL OFFICER(S)
Bao Nguyen

STREET ADDRESS (NO P.O. BOX)
12861 Shackelford Lane

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

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 8/6/14 By Mary Joana Barcelona
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/6/2014 By Bao Nguyen
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

COMMITTEE NAME Bao Nguyen for Garden Grove Mayor 2014	I.D. NUMBER
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Opus Bank	AREA CODE/PHONE (714)578-7515	BANK ACCOUNT NUMBER 11289980
ADDRESS 200 W. Commonwealth Ave.	CITY Fullerton	STATE ZIP CODE CA 92832

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
Bao Nguyen	Garden Grove Mayor	2014	<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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>