

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5

Not yet qualified or List I.D. number: # 1369470

_____/_____/____ Date qualified as committee ____/____/____ Date qualified as committee (if applicable) ____/____/____ Date of Termination

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
Date Stamp
2015 JAN 30 P 3: 54

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
Fullerton CA 92832 (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 JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange

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
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 Schakelford 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 01/30/15 By Mary Joana Barcelona
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/30/15 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