

**Statement of Organization
Recipient Committee**

Statement Type Initial or
Not yet qualified

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 _____

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

CA 92832

(714)747-2008

Fullerton

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

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 _____ By _____

DATE

4/20/2015

DATE

Executed on _____ By _____

DATE

4/20/2015

DATE

Executed on _____ By _____

DATE

By _____

Executed on _____ By _____

DATE

By _____

Executed on _____ By _____

DATE

By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Mary Joana Barcelona

SIGNATURE OF CONTROLLING OFFICER/OWNER, CANDIDATE, OR STATE MEASURE PROPONENT

Bao Nguyen

SIGNATURE OF CONTROLLING OFFICER/OWNER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER/OWNER, CANDIDATE, OR STATE MEASURE PROPONENT

CALIFORNIA 410
FORM
For Official Use Only

RECEIVED AND
CITY OF GARDEN GROVE
CLERK'S OFFICE of the State of Calif

APR 29 2015
A 10:34

MAY 01 2015

REGISTRAR OF VOTERS

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Bao Nguyen for Garden Grove Mayor 2016

All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

Opus Bank

AREA CODE/PHONE

(714)578-7502

BANK ACCOUNT NUMBER

11289980

ADDRESS

200 W. Commonwealth Ave.

CITY

Fullerton

STATE

CA

ZIP CODE

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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Bao Nguyen	Garden Grove City Mayor	2016	<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)	CHECK ONE	
	SUPPORT	OPPOSE
CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>