

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
<b>Brea</b>	<b>CA</b>	<b>92821</b>	<b>(714)747-2008</b>

MAILING ADDRESS (IF DIFFERENT)

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

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

NAME OF TREASURER  
**Mary Joana Barcelona**

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

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

NAME OF ASSISTANT TREASURER, IF ANY  
**Tamara McIntyre**

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

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

NAME OF PRINCIPAL OFFICER(S)  
**Bao Nguyen**

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

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

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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Bao Nguyen for Garden Grove Mayor 2014

I.D. NUMBER

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

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

**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
<b>Bao Nguyen</b>	<b>Garden Grove Mayor</b>	<b>2014</b>	<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"/>