

Garden Grove

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

Date Stamp

CALIFORNIA FORM 410
For Official Use Only
MAR 29 2019
REGISTRAR OF VOTERS
Deputy

RECEIVED AND FILED
In the office of the Secretary of State
of the State of California
MAR 25 2019

Statement of Organization Recipient Committee

Statement Type Initial Amendment Termination See Part 5
 List I.D. number: # 1389135
 Not yet qualified or
 Date qualified as committee: 08/24/2016
 Date of Termination: _____

1. Committee Information

NAME OF COMMITTEE
Friends of Thu-Ha Nguyen for Garden Grove City Council 2022

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Fullerton CA 92835 [REDACTED]

MAILING ADDRESS (IF DIFFERENT)
[REDACTED]

FAX / E-MAIL ADDRESS
F: (949)271-4896, E: joana.barcelona0321@gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange Orange

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Joana Barcelona

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Fullerton CA 92835 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
Tammi McIntyre

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Fullerton CA 92835 [REDACTED]

NAME OF PRINCIPAL OFFICER(S)
Diedre Thu-Ha Nguyen

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Garden Grove CA 92841 [REDACTED]

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 03/03/19 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 3/18/19 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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Friends of Thu-Ha Nguyen for Garden Grove City Council 2022

ID NUMBER

1389135

- 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 48633366	
ADDRESS 200 West 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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Thu-Ha Nguyen	Garden Grove City Council, Dist 3	2022	<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	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>