

**Statement of Organization  
Recipient Committee**

Type or print in ink

COPY

STATEMENT OF ORGANIZATION

Statement Type  Initial  
 Not yet qualified  or  
 \_\_\_\_\_  
 Date qualified as committee

Amendment  
 List I.D. number:  
 # 1307473  
 04 / 10 / 2008  
 Date qualified as committee  
 (If applicable)

Termination - See Part 5  
 List I.D. number:  
 # \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Termination

Date Stamp  
 RECEIVED  
 San Jose City Clerk  
 2009 FEB 17 A 10:34

**CALIFORNIA FORM 410**  
 For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
 Recall Madison Nguyen Committee

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Jose	CA	95121	

MAILING ADDRESS (IF DIFFERENT)  
 PO Box 0 San Jose, CA 95151

OPTIONAL: FAX / E-MAIL ADDRESS  
 recallmadison@gmail.com

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Santa Clara	

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
 Paul Loc Le

STREET ADDRESS  
 \_\_\_\_\_

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Jose	CA	95121	

NAME OF ASSISTANT TREASURER, IF ANY  
 Luu Phuong Nguyen

STREET ADDRESS  
 \_\_\_\_\_

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Jose	CA	95127	

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE  
 Daley Nguyen

MAILING ADDRESS  
 \_\_\_\_\_

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Jose	CA	95121	

**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.

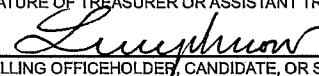
Executed on 02/17/2009  
 DATE


Executed on 02/17/2009  
 DATE

Executed on 02/17/2009  
 DATE

Executed on \_\_\_\_\_  
 DATE

By   
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By   
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By   
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT