2009

700

FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

A Public Document

CITY OF GARDEN GROVE
CITY CLERK
2010 MAR 22 P 1:53

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Fertal	Matthew	John	(714) 741-5100

MAILING ADDRESS STREET *(Business Address Acceptable)*	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
P.O. Box 3070	Garden Grove	CA	92842-3070	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

City of Garden Grove

Division, Board, District, if applicable:

Your Position:

City Manager

▸ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: Agency for Community Development

Position: Director

2. Jurisdiction of Office *(Check at least one box)*

☐ State
☐ County of _____
☒ City of Garden Grove
☐ Multi-County _____
☐ Other _____

3. Type of Statement *(Check at least one box)*

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

○ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____
(Check one)

○ The period covered is January 1, 2009, through the date of leaving office.

-or-

○ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

▸ **Total number of pages including this cover page:** 2

▸ **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☒ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules 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.

Date Signed 3-22-2010
(month, day, year)

Signature Matthew Fertal
(File the originally signed statement with your filing official.)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Matthew Fertal

► STREET ADDRESS OR PRECISE LOCATION
12688 Chapman Ave # 3408

CITY
Garden Grove, CA 92840

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
10/__/09 ACQUIRED __/__/09 DISPOSED

NATURE OF INTEREST
- ☒ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED __/__/09 DISPOSED

NATURE OF INTEREST
- ☐ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

---

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments: _____

Date Received

FAIR POLITICAL PRACTICES COMMISSION

COVER PAGE

CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2010 MAR 25 P 4:05

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Broadwater	Bruce	Allan	(714) 558-4601	
MAILING ADDRESS STREET *(Business Address Acceptable)*	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
11222 Acacia Parkway	Garden Grove	CA	92840	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

City of Garden Grove

Division, Board, District, if applicable:

Council Member

Your Position:

CouncilMAN

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office *(Check at least one box)*

☐ State

☐ County of _____

☒ City of Garden Grove

☐ Multi-County _____

☐ Other _____

3. Type of Statement *(Check at least one box)*

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

○ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____ (Check one)

○ The period covered is January 1, 2009, through the date of leaving office.

-or-

○ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► **Total number of pages including this cover page:** ____

► **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☒ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules 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.

Date Signed 3-25-10 *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*

CALIFORNIA FORM 700

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

A Public Document

CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2010 MAR 15 A 8:52

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Dalton	William	James	(714) 539-1592

MAILING ADDRESS (Business Address Acceptable) STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
9862 Catherine Avenue	Garden Grove	CA	92841	

1. Office, Agency, or Court

Name of Office, Agency, or Court:
City of Garden Grove

Division, Board, District, if applicable:

Your Position:
Mayor

▸ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: OCTA; Fire Training JPA; OCSD
West OC Water Board; ACWA JPA
Position: Representative OCCOG

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☒ County of Orange
- ☒ City of Garden Grove
- ☐ Multi-County
- ☐ Other

3. Type of Statement *(Check at least one box)*

- ☐ Assuming Office/Initial Date: ___/___/___
- ☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

- O The period covered is ___/___/___, through December 31, 2009.

- ☐ Leaving Office Date Left: ___/___/___ (Check one)
  - O The period covered is January 1, 2009, through the date of leaving office.

-or-

  - O The period covered is ___/___/___, through the date of leaving office.
- ☐ Candidate Election Year: ___

4. Schedule Summary

▸ **Total number of pages including this cover page:** 6

▸ **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

- Schedule A-1 ☒ Yes – schedule attached
  Investments (Less than 10% Ownership)
- Schedule A-2 ☒ Yes – schedule attached
  Investments (10% or Greater Ownership)
- Schedule B ☐ Yes – schedule attached
  Real Property
- Schedule C ☒ Yes – schedule attached
  Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
- Schedule D ☐ Yes – schedule attached
  Income – Gifts
- Schedule E ☐ Yes – schedule attached
  Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules 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.

Date Signed March 12 2010
(month, day, year)

Signature William J. Dalton
(File the originally signed statement with your filing official.)

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
WILLIAM DACTON

► NAME OF BUSINESS ENTITY
WALT DISNEY CO.
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
ENTERTAINMENT
FAIR MARKET VALUE
☒ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000
NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income of $0 - $500
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED __/__/09 DISPOSED

► NAME OF BUSINESS ENTITY
FORD MOTOR CO.
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
VEHICLE MANUFACTURER
FAIR MARKET VALUE
☒ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000
NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income of $0 - $500
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED __/__/09 DISPOSED

► NAME OF BUSINESS ENTITY
ZEROX CORPORATION
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
COPY MACHINE EQUIP
FAIR MARKET VALUE
☒ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000
NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income of $0 - $500
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED __/__/09 DISPOSED

► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000
NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income of $0 - $500
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED __/__/09 DISPOSED

► NAME OF BUSINESS ENTITY
HARTFORD FNANCIAL
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
INSURANCO
FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000
NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income of $0 - $500
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED __/__/09 DISPOSED

► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000
NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income of $0 - $500
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED __/__/09 DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
WILLIAM DALTON

▶ 1. BUSINESS ENTITY OR TRUST

WILLIAM J. DALTON
Name
9862 CATHERINE AVE.
Address *(Business Address Acceptable)*
Check one
☒ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED __/__/09 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (attach a separate sheet if necessary)

TOM CALLAGAN

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property
9852 CATHERINE AVE.
GARDEN GROVE
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED __/__/09 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

▶ 1. BUSINESS ENTITY OR TRUST

WILLIAM J. DALTON
Name
9862 CATHERINE AVE.
Address *(Business Address Acceptable)*
Check one
☒ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED __/__/09 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (attach a separate sheet if necessary)

JON MAZUREK

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property
10632 CLAUSSEN ST.
GARDEN GROVE
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED __/__/09 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE A-2

CALIFORNIA FORM 700

of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

Name: WILLIAM DALTON

1. BUSINESS ENTITY OR TRUST

WILLIAM J. DALTON

Name

9862 CATHERINE AVE.

Address *(Business Address Acceptable)*

Check one

☒ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:

__/__/09 ACQUIRED

__/__/09 DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (attach a separate sheet if necessary)

ALAN HOWELL

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

11912 JOHN AVE.

GARDEN GROVE

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:

__/__/09 ACQUIRED

__/__/09 DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

1. BUSINESS ENTITY OR TRUST

WILLIAM J. DALTON

Name

9862 CATHERINE AVE.

Address *(Business Address Acceptable)*

Check one

☒ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:

__/__/09 ACQUIRED

__/__/09 DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

10772-80 STANFORD

GARDEN GROVE

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:

__/__/09 ACQUIRED

__/__/09 DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name: WILLIAM DALTON

1. BUSINESS ENTITY OR TRUST

WILLIAM J. DALTON
Name
9862 CATHERINE AVE.
Address *(Business Address Acceptable)*
Check one
☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED
__/__/09 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☒ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property
9951 CATHERINE AVE.
GARDEN GROVE,
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED
__/__/09 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

1. BUSINESS ENTITY OR TRUST

WILLIAM J. DALTON
Name
9862 CATHERINE AVE.
Address *(Business Address Acceptable)*
Check one
☒ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED
__/__/09 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☒ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property
11861 MACGILL
GARDEN GROVE
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED
__/__/09 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
WILLIAM DALTON

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
ST. COLUMBAN SCHOOL

ADDRESS *(Business Address Acceptable)*
1055 STANFORD AVE

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CLERICAL/EDUCATION

YOUR BUSINESS POSITION
SECRETARY

GROSS INCOME RECEIVED
☐ $500 - $1,000 ☐ $1,001 - $10,000
☒ $10,001 - $100,000 ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment
☐ Sale of _____ *(Property, car, boat, etc.)*
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
_____
☐ Other _____ *(Describe)*

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment
☐ Sale of _____ *(Property, car, boat, etc.)*
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
_____
☐ Other _____ *(Describe)*

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

INTEREST RATE _____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
☐ None ☐ Personal residence
☐ Real Property _____ *Street address*
_____ *City*
☐ Guarantor _____
☐ Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM 700

STATEMENT OF ECONOMIC INTERESTS

FAIR POLITICAL PRACTICES COMMISSION

Date Received
Official Use Only

CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2010 APR -1 P 3:47

COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Do	Andrew	H	(714) 583-8614

MAILING ADDRESS STREET *(Business Address Acceptable)*	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
12866 Main Street #202	Garden Grove	CA	92840	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

City of Garden Grove

Division, Board, District, if applicable:

Council Member

Your Position:

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ County of _____
- ☒ City of Garden Grove
- ☐ Multi-County _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☐ Assuming Office/Initial Date: ____/____/____
- ☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

- ○ The period covered is ____/____/____, through December 31, 2009.
- ☐ Leaving Office Date Left: ____/____/____ (Check one)
  - ○ The period covered is January 1, 2009, through the date of leaving office.

-or-

  - ○ The period covered is ____/____/____, through the date of leaving office.
- ☐ Candidate Election Year: _____

4. Schedule Summary

► **Total number of pages including this cover page:** 2

► **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☒ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules 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.

Date Signed 4/1/10
(month, day, year)

Signature _____
(File the originally signed statement with your filing official.)

700

FAIR POLITICAL PRACTICES COMMISSION

Name

Andrew Do

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► STREET ADDRESS OR PRECISE LOCATION

9611 SHANNON AVE

CITY

GARDEN GROVE CA 92841

FAIR MARKET VALUE

- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:

11/1/09 ACQUIRED

__/__/09 DISPOSED

NATURE OF INTEREST

- ☒ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:

__/__/09 ACQUIRED

__/__/09 DISPOSED

NATURE OF INTEREST

- ☐ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

---

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments:

Form 700 | STATEMENT OF ECONOMIC INTERESTS | Date Received Official Use Only

FAIR POLITICAL PRACTICES COMMISSION

COVER PAGE

CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2010 MAR 32 A 10:00

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Jones	Steven	R	(714) 537-9299

MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
11542 Montclair Drive	Garden Grove	CA	92841	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

City of Garden Grove

Division, Board, District, if applicable:

Your Position:

Mayor Pro Tem

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: Orange County Transportation Authority

Position: Representative

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☒ County of Orange
- ☒ City of Garden Grove
- ☐ Multi-County
- ☐ Other

3. Type of Statement *(Check at least one box)*

- ☐ Assuming Office/Initial Date: ___/___/___
- ☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

- ○ The period covered is ___/___/___, through December 31, 2009.
- ☐ Leaving Office Date Left: ___/___/___ (Check one)
  - ○ The period covered is January 1, 2009, through the date of leaving office.

-or-

  - ○ The period covered is ___/___/___, through the date of leaving office.
- ☐ Candidate Election Year: ___

4. Schedule Summary

► **Total number of pages including this cover page:** 4

► **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

- Schedule A-1 ☐ Yes – schedule attached
  Investments (Less than 10% Ownership)
- Schedule A-2 ☒ Yes – schedule attached
  Investments (10% or Greater Ownership)
- Schedule B ☒ Yes – schedule attached
  Real Property
- Schedule C ☒ Yes – schedule attached
  Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
- Schedule D ☐ Yes – schedule attached
  Income – Gifts
- Schedule E ☐ Yes – schedule attached
  Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules 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.

Date Signed 3/31/10 *(month, day, year)*

Signature Steve Jones *(File the originally signed statement with your filing official.)*

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document

Date Received
Official Use Only
RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2010 MAR 32 A 10:00

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Jones	Steven	R	(714) 537-9299

MAILING ADDRESS STREET *(Business Address Acceptable)*	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
11542 Montclair Drive	Garden Grove	CA	92841	

1. Office, Agency, or Court

Name of Office, Agency, or Court:
City of Garden Grove

Division, Board, District, if applicable:

Your Position:
Mayor Pro Tem

▸ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: Orange County Transportation Authority

Position: Representative

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☒ County of Orange
- ☒ City of Garden Grove
- ☐ Multi-County
- ☐ Other

3. Type of Statement *(Check at least one box)*

- ☐ Assuming Office/Initial Date: ____/____/____
- ☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

- O The period covered is ____/____/____, through December 31, 2009.

- ☐ Leaving Office Date Left: ____/____/____ (Check one)
  - O The period covered is January 1, 2009, through the date of leaving office.

-or-

  - O The period covered is ____/____/____, through the date of leaving office.
- ☐ Candidate Election Year: _____

4. Schedule Summary

▸ **Total number of pages including this cover page:** 4

▸ **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

- Schedule A-1 ☐ Yes – schedule attached
  Investments (Less than 10% Ownership)
- Schedule A-2 ☒ Yes – schedule attached
  Investments (10% or Greater Ownership)
- Schedule B ☒ Yes – schedule attached
  Real Property
- Schedule C ☒ Yes – schedule attached
  Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
- Schedule D ☐ Yes – schedule attached
  Income – Gifts
- Schedule E ☐ Yes – schedule attached
  Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules 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.

Date Signed 3/31/10
(month, day, year)

Signature Steven Jones
(File the originally signed statement with your filing official.)

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Steven R. Jones

▶ 1. BUSINESS ENTITY OR TRUST

Name: Olympia Capital Corporation

Address *(Business Address Acceptable)*: 11542 Montclair Drive, 66

Check one
☐ Trust, *go to 2* ☒ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Asset Management

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED
__/__/09 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☒ Corporation Other

YOUR BUSINESS POSITION: President

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (attach a separate sheet if necessary)

N/A

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED
__/__/09 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

---

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED
__/__/09 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (attach a separate sheet if necessary)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED
__/__/09 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

---

Comments:

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Steven R. Jones

► STREET ADDRESS OR PRECISE LOCATION
12555 Euclid #99

CITY
Garden Grove, CA

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
2/18/09 ACQUIRED
10/20/09 DISPOSED

NATURE OF INTEREST
- ☒ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☒ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
N/A

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED
__/__/09 DISPOSED

NATURE OF INTEREST
- ☐ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
N/A

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments: _____

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Steven R. Jones

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Olympia Capital Corporation

ADDRESS *(Business Address Acceptable)*
11542 Montclair Drive, 66

BUSINESS ACTIVITY, IF ANY, OF SOURCE
President

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☒ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☒ Salary ☐ Spouse's or registered domestic partner's income
- ☐ Loan repayment
- ☐ Sale of _____ *(Property, car, boat, etc.)*
- ☒ Commission or ☐ Rental Income, *list each source of $10,000 or more*
- ☐ Other _____ *(Describe)*

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary ☐ Spouse's or registered domestic partner's income
- ☐ Loan repayment
- ☐ Sale of _____ *(Property, car, boat, etc.)*
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
- ☐ Other _____ *(Describe)*

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
N/A

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE _____ % ☐ None

TERM (Months/Years) _____

SECURITY FOR LOAN
- ☐ None ☐ Personal residence
- ☐ Real Property _____ *Street address*
- _____ *City*
- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document

Date Received
Official Use Only
RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2010 APR -1 P 5:17

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
NGUYEN	DINA	L	(714) 657-2425
MAILING ADDRESS (May use business address) STREET	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
11222 ACACIA PKWY	GARDEN GROVE	CA 92843	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

CITY OF GARDEN GROVE

Division, Board, District, if applicable:

Your Position:

COUNCIL MEMBER

▸ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office *(Check at least one box)*

☐ State
☐ County of _____
☒ City of GARDEN GROVE
☐ Multi-County _____
☐ Other _____

3. Type of Statement *(Check at least one box)*

Assuming Office/Initial Date: ___/___/___

☒ Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

○ The period covered is ___/___/___, through December 31, 2008.

☐ Leaving Office Date Left: ___/___/___
(Check one)

○ The period covered is January 1, 2008, through the date of leaving office.

-or-

○ The period covered is ___/___/___, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

▸ **Total number of pages including this cover page:** 2

▸ **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules 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.

Date Signed APRIL 1, 2010
(month, day, year)

Signature _____
(File the originally signed statement with your filing official.)

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

---

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

LAW OFFICES OF NANTHA & ASSOCIATES

ADDRESS

13211 GARDEN GROVE BLVD. SUITE 206, G.G.

BUSINESS ACTIVITY, IF ANY, OF SOURCE

LAW FIRM

YOUR BUSINESS POSITION

ATTORNEY

GROSS INCOME RECEIVED

☐ $500 - $1,000 ☐ $1,001 - $10,000
☒ $10,001 - $100,000 ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment
☐ Sale of _____ *(Property, car, boat, etc.)*
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
☐ Other _____ *(Describe)*

---

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment
☐ Sale of _____ *(Property, car, boat, etc.)*
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
☐ Other _____ *(Describe)*

---

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

INTEREST RATE _____% ☐ None

TERM (Months/Years) _____

SECURITY FOR LOAN

☐ None ☐ Personal residence
☐ Real Property _____ *Street address*
_____ *City*
☐ Guarantor _____
☐ Other _____ *(Describe)*

Comments: _____

2010

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
11 APR 11 PM 1:52

Date Received
Official Use Only

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2011 MAR 16 P 5:13

Please type or print in ink.

TP

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Fertal	Matthew	J.

1. Office, Agency, or Court

Agency Name
City of Garden Grove

Division, Board, Department, District, if applicable

Your Position
City Manager

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Judge (Statewide Jurisdiction)
- ☐ Multi-County _____
- ☐ County of _____
- ☒ City of Garden Grove
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.
  -or-
  The period covered is ____/____/____, through December 31, 2010.
- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one)*
  - ○ The period covered is January 1, 2010, through the date of leaving office.
  - ○ The period covered is ____/____/____, through the date of leaving office.
- ☐ **Assuming Office:** Date ____/____/____
- ☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

- ☐ Schedule A-1 - *Investments* – schedule attached
- ☐ Schedule A-2 - *Investments* – schedule attached
- ☒ Schedule B - *Real Property* – schedule attached
- ☐ Schedule C - *Income, Loans, & Business Positions* – schedule attached
- ☒ Schedule D - *Income – Gifts* – schedule attached
- ☐ Schedule E - *Income – Gifts – Travel Payments* – schedule attached

-or-

- ☐ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET *(Business or Agency Address Recommended - Public Document)*	CITY	STATE	ZIP CODE
11222 Acacia Parkway	Garden Grove	CA	92840

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(714) 741-5100	mattf@garden-grove.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _____ *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Matthew Fertal

▶ NAME OF SOURCE
Walt Disney Company
ADDRESS *(Business Address Acceptable)*
500 S. Buena Vista, Burbank
BUSINESS ACTIVITY, IF ANY, OF SOURCE
12-4-10 345.65 Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__/__/__	$	
__/__/__	$	
__/__/__	$	

▶ NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__/__/__	$	
__/__/__	$	
__/__/__	$	

▶ NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__/__/__	$	
__/__/__	$	
__/__/__	$	

▶ NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__/__/__	$	
__/__/__	$	
__/__/__	$	

▶ NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__/__/__	$	
__/__/__	$	
__/__/__	$	

▶ NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__/__/__	$	
__/__/__	$	
__/__/__	$	

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Matthew Fertal

▶ STREET ADDRESS OR PRECISE LOCATION
12688 Chapman Ave #3408
CITY
Garden Grove, CA 92840

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED
__/__/10 DISPOSED

NATURE OF INTEREST
- ☒ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

▶ STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED
__/__/10 DISPOSED

NATURE OF INTEREST
- ☐ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

---

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only
6/14/11
KB

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
BEARD	KRIS	C

1. Office, Agency, or Court

Agency Name
City of Garden Grove

Division, Board, Department, District, if applicable
City Council

Your Position
Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: Orange County Sanitation District

Position: Director (Alternate)

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Judge (Statewide Jurisdiction)
- ☐ Multi-County _____
- ☐ County of _____
- ☒ City of Garden Grove
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☐ **Annual:** The period covered is January 1, 2010, through December 31, 2010.
  -or-
  The period covered is ____/____/____, through December 31, 2010.
- ☒ **Assuming Office:** Date 5 / 10 / 11
- ☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____
- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one)*
  - ○ The period covered is January 1, 2010, through the date of leaving office.
  - ○ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► **Total number of pages including this cover page:** 1

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☒ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER
( )

E-MAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed June 14, 2011 *(month, day, year)*

Signature Kris Beard *(File the originally signed statement with your filing official.)*

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2011 MAR 8 A 8:00

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Broadwater	Bruce	A

1. Office, Agency, or Court

Agency Name
City of Garden Grove

Division, Board, Department, District, if applicable
City Council

Your Position
Council Member

▸ If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☒ City of Garden Grove
- ☐ Judge (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.
  -or-
  The period covered is ____/____/____, through December 31, 2010.
- ☐ **Assuming Office:** Date ____/____/____
- ☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____
- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one)*
  - ○ The period covered is January 1, 2010, through the date of leaving office.
  - ○ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

▸ **Total number of pages including this cover page:** 1

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☒ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET *(Business or Agency Address Recommended - Public Document)*	CITY	STATE	ZIP CODE
11222 Acacia Parkway	Garden Grove	CA	92840

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(714) 741-5035 (City Clerk's Office)	pamha@garden-grove.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-8-11 *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Dalton	William	J

1. Office, Agency, or Court

Agency Name
City of Garden Grove

Division, Board, Department, District, if applicable
City Council

Your Position
Mayor

▸ If filing for multiple positions, list below or on an attachment.
Agency: North Net Fire Training Authority ACWA Joint Powers Insurance Auth.

Position: OC Council of governments OC sanitation OCTA West OC water Board District

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☒ City of Garden Grove
- ☐ Judge (Statewide Jurisdiction)
- ☒ County of ORANGE
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.
  -or-
  The period covered is ____/____/____, through December 31, 2010.
- ☐ **Assuming Office:** Date ____/____/____
- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one)*
  - ○ The period covered is January 1, 2010, through the date of leaving office.
  - ○ The period covered is ____/____/____, through the date of leaving office.
- ☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

▸ **Total number of pages including this cover page:** 7

- ☒ **Schedule A-1** - *Investments* – schedule attached
- ☒ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☒ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS *(Business or Agency Address Recommended - Public Document)* STREET	CITY	STATE	ZIP CODE
11222 Acacia Parkway	Garden Grove	CA	92840

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(714) 741-5035 (City Clerk's Office)	pamha@garden-grove.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 17, 2011 *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
William J. Dalton

► NAME OF BUSINESS ENTITY
WALT DISNEY CO.
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
ENTERTAINMENT
FAIR MARKET VALUE
☒ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000
NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/ 10 ACQUIRED __/__/ 10 DISPOSED

► NAME OF BUSINESS ENTITY
FORD MOTOR CO.
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
VEHICLE MANFACTURER
FAIR MARKET VALUE
☒ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000
NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/ 10 ACQUIRED __/__/ 10 DISPOSED

► NAME OF BUSINESS ENTITY
ZEROX CORPORATION
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
COPY MACHINE EQUIPMENT
FAIR MARKET VALUE
☒ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000
NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/ 10 ACQUIRED __/__/ 10 DISPOSED

► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000
NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/ 10 ACQUIRED __/__/ 10 DISPOSED

► NAME OF BUSINESS ENTITY
HARTFORD FINANCIAL
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
INSURANCE
FAIR MARKET VALUE
☒ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000
NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/ 10 ACQUIRED __/__/ 10 DISPOSED

► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000
NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/ 10 ACQUIRED __/__/ 10 DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name: WILLIAM DALTON

---

1 BUSINESS ENTITY OR TRUST

WILLIAM J. DALTON
Name
9862 CATHERINE AVE.
Address *(Business Address Acceptable)*

Check one
☒ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED
__/__/09 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION _____

2 IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

3 LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Check a box if Trust Interest)

TOM CALLAGAN

4 INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property
9852 CATHERINE AVE.
GARDEN GROVE
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED
__/__/09 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

1 BUSINESS ENTITY OR TRUST

WILLIAM J. DALTON
Name
9862 CATHERINE AVE.
Address *(Business Address Acceptable)*

Check one
☒ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED
__/__/09 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION _____

2 IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

3 LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Check a box if Trust Interest)

JON MAZUREK

4 INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property
10632 CLAUSSEN ST.
GARDEN GROVE
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED
__/__/09 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

Comments: _____

SCHEDULE A-2

CALIFORNIA FORM 700

of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

Name: WILLIAM DALTON

1. BUSINESS ENTITY OR TRUST

WILLIAM J. DALTON

Name: 9862 CATHGRINE AVE.

Address *(Business Address Acceptable)*

Check one
☒ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED
__/__/09 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

ALAN HOWELL

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property
11912 JOHN AVE.
GARDEN GROVE

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED
__/__/09 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

1. BUSINESS ENTITY OR TRUST

WILLIAM J. DALTON

Name: 9862 CATHERINE AVE.

Address *(Business Address Acceptable)*

Check one
☒ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED
__/__/09 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property
10772-80 STANFORD
GARDEN GROVE

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED
__/__/09 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
WILLIAM DALTON

1. BUSINESS ENTITY OR TRUST

WILLIAM J. DALTON
Name
9862 CATHERINE AVE.
Address *(Business Address Acceptable)*
Check one
☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED
__/__/09 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☒ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property
9951 CATHERINE AVE.
GARDEN GROVE,
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED
__/__/09 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

1. BUSINESS ENTITY OR TRUST

WILLIAM J. DALTON
Name
9862 CATHERINE AVE.
Address *(Business Address Acceptable)*
Check one
☒ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED
__/__/09 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☒ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property
11861 MACGILL
GARDEN GROVE
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED
__/__/09 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: William J. Dalton

▶ 1. BUSINESS ENTITY OR TRUST

WILLIAM J. DALTON

Name

9862 CATHERINE AVE.

Address *(Business Address Acceptable)*

Check one
☒ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED
__/__/10 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

CLAY BOCK

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property
9912 CATHERINE AVE
GARDEN GROVE

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
3/15/10 ACQUIRED
__/__/10 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED
__/__/10 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED
__/__/10 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: WILLIAM DALTON

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
ST. COLUMBAN SCHOOL

ADDRESS *(Business Address Acceptable)*
10855 STANFORD AVE

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CLERICAL/EDUCATION

YOUR BUSINESS POSITION
SECRETARY

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☒ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☐ Spouse's or registered domestic partner's income
- ☐ Loan repayment
- ☐ Sale of _____ *(Property, car, boat, etc.)*
- ☐ Commission or
- ☐ Rental income, *list each source of $10,000 or more*
- ☐ Other _____ *(Describe)*

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☐ Spouse's or registered domestic partner's income
- ☐ Loan repayment
- ☐ Sale of _____ *(Property, car, boat, etc.)*
- ☐ Commission or
- ☐ Rental income, *list each source of $10,000 or more*
- ☐ Other _____ *(Describe)*

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE _____% ☐ None

TERM (Months/Years) _____

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*
- _____ *City*
- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2011 MAR 23 A 8:14

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Do	Andrew	H

1. Office, Agency, or Court

Agency Name
City of Garden Grove

Division, Board, Department, District, if applicable
City Council

Your Position
Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: OC Sanitation District; West OC Water Board
Position: Representative

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☒ City of Garden Grove
- ☐ Judge (Statewide Jurisdiction)
- ☒ County of Orange
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.
  -or-
  The period covered is ____/____/____, through December 31, 2010.
- ☐ **Assuming Office:** Date ____/____/____
- ☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____
- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one)*
  - ○ The period covered is January 1, 2010, through the date of leaving office.
  - ○ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► **Total number of pages including this cover page:** 2

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☒ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER
( )

E-MAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/22/11 *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Andrew Do

► STREET ADDRESS OR PRECISE LOCATION
9611 Shannon Avenue

CITY
Garden Grove

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED __/__/10 DISPOSED

NATURE OF INTEREST
- ☒ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED __/__/10 DISPOSED

NATURE OF INTEREST
- ☐ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

---

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
(Filer: Do Not Use This Space)
RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
MAR 30 P 2:33

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Jones	Steven	R

1. Office, Agency, or Court

Agency Name
City of Garden Grove

Division, Board, Department, District, if applicable
City Council

Your Position
Mayor Pro Tem

▶ If filing for multiple positions, list below or on an attachment.

Agency: Orange County Transportation Authority SCAG
Position: Representative

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Judge (Statewide Jurisdiction)
- ☐ Multi-County _____
- ☐ County of _____
- ☒ City of Garden Grove
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.
  -or-
  The period covered is ____/____/____, through December 31, 2010.
- ☐ **Assuming Office:** Date ____/____/____
- ☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____
- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one)*
  - ○ The period covered is January 1, 2010, through the date of leaving office.
  - ○ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

▶ **Total number of pages including this cover page:** 3

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☒ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☒ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET *(Business or Agency Address Recommended - Public Document)*	CITY	STATE	ZIP CODE
11222 Acacia Parkway	Garden Grove	CA	92840

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(714) 741-5035 (City Clerk's Office)	pamha@garden-grove.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/30/11 *(month, day, year)*

Signature Steve Jones *(File the originally signed statement with your filing official.)*

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Steven R. Jones

▶ 1. BUSINESS ENTITY OR TRUST

Name: Olympia Capital Corporation
Address *(Business Address Acceptable)*: 11542 Montclair Drive, 66

Check one
☐ Trust, *go to 2* ☒ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Asset Management

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED
__/__/10 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☒ Corporation (Other)

YOUR BUSINESS POSITION: President

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☒ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

N/A

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED
__/__/10 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

---

▶ 1. BUSINESS ENTITY OR TRUST

Name
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED
__/__/10 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ ____ (Other)

YOUR BUSINESS POSITION

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED
__/__/10 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Steven R. Jones

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Olympia Capital Corporation

ADDRESS *(Business Address Acceptable)*
11542 Montclair Drive, 66

BUSINESS ACTIVITY, IF ANY, OF SOURCE
President

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☒ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☒ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____ *(Property, car, boat, etc.)*
☒ Commission or ☐ Rental Income, *list each source of $10,000 or more*

☐ Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____ *(Property, car, boat, etc.)*
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

☐ Other _____ *(Describe)*

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
N/A

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

INTEREST RATE _____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
☐ None ☐ Personal residence
☐ Real Property _____ *Street address*
_____ *City*
☐ Guarantor _____
☐ Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Official Use Only

RECEIVED CITY OF GARDEN GROVE CITY CLERK'S OFFICE
MAR 31 P 5:29

RECEIVED CITY OF GARDEN GROVE CITY CLERK'S OFFICE
MAR 31 P 5:28

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
NGUYEN	DINA	L

1. Office, Agency, or Court

Agency Name
THE CITY OF GARDEN GROVE

Division, Board, Department, District, if applicable
N/A

Your Position
COUNCIL MEMBER

► If filing for multiple positions, list below or on an attachment.

Agency: NorthNet Fire Training JPA Position: Alternate Representative

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☒ City of GARDEN GROVE
- ☐ Judge (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.
  -or-
  The period covered is ____/____/____, through December 31, 2010.
- ☐ **Assuming Office:** Date ____/____/____
- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one)*
  - ○ The period covered is January 1, 2010, through the date of leaving office.
  - ○ The period covered is ____/____/____, through the date of leaving office.
- ☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► **Total number of pages including this cover page:** 2

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☑ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET *(Business or Agency Address Recommended - Public Document)*	CITY	STATE	ZIP CODE
10382 BONNIE DRIVE	GARDEN GROVE	CA	92843

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(714) 657-2425	

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed MARCH 31, 2011 *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
DINA NGUYEN

1. BUSINESS ENTITY OR TRUST

JOSEPH DOVINH DBA ABC CONSTRUCTION
Name
9315 BOLSA AVE. #95, WESTMINSTER, CA 92683
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☒ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
GENERAL CONTRACTOR BUSINESS

FAIR MARKET VALUE
☒ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED
__/__/10 DISPOSED

NATURE OF INVESTMENT
☒ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION INDEPENDENT CONTRACTOR

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☒ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED
__/__/10 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

1. BUSINESS ENTITY OR TRUST

Name
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED
__/__/10 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED
__/__/10 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

2011

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2012 MAR 22 P 2:20

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Fertal Matthew J.

1. Office, Agency, or Court

Agency Name
City of Garden Grove

Division, Board, Department, District, if applicable

Your Position
City Manager

▶ If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☒ City of Garden Grove
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☒ **Annual:** The period covered is January 1, 2011, through December 31, 2011.
  -or-
  The period covered is ___/___/_____, through December 31, 2011.
- ☐ **Assuming Office:** Date assumed ___/___/_____
- ☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____
- ☐ **Leaving Office:** Date Left ___/___/_____ *(Check one)*
  - ○ The period covered is January 1, 2011, through the date of leaving office.
  - ○ The period covered is ___/___/_____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

▶ ***Total number of pages including this cover page:*** 2

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET *(Business or Agency Address Recommended - Public Document)* | CITY | STATE | ZIP CODE

11222 Acacia Parkway | Garden Grove | CA | 92840

DAYTIME TELEPHONE NUMBER | E-MAIL ADDRESS (OPTIONAL)

(714) 741-5100 | mattf@ci.garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-22-12 *(month, day, year)*

Signature Matthew Fertal *(File the originally signed statement with your filing official.)*

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Matthew J. Fertal

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

12688 Chapman Commons #3408

CITY

Garden Grove, CA 92840

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
1/1/11 ACQUIRED 9/21/11 DISPOSED

NATURE OF INTEREST
- ☒ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/11 ACQUIRED __/__/11 DISPOSED

NATURE OF INTEREST
- ☐ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

---

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Official Use Only

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2012 MAR 20 P 2:49

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Beard	Kris	C.

1. Office, Agency, or Court

Agency Name
City of Garden Grove

Division, Board, Department, District, if applicable
City Council

Your Position
Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: Orange County Sanitation District

Position: Board Member

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☒ City of Garden Grove
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☒ **Annual:** The period covered is January 1, 2011, through December 31, 2011.
  -or-
  The period covered is ____/____/____, through December 31, 2011.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one)*
  - ○ The period covered is January 1, 2011, through the date of leaving office.
  - ○ The period covered is ____/____/____, through the date of leaving office.
- ☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** 1

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

- ☑ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
11222 Acacia Parkway	Garden Grove	CA	92840

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)
(714) 741-5035	kathyb@ci.garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/20/12 *(month, day, year)*

Signature Kris C. Beard *(File the originally signed statement with your filing official.)*

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2012 MAR 20 P 4:47

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Broadwater	Bruce	A

1. Office, Agency, or Court

Agency Name
City of Garden Grove

Division, Board, Department, District, if applicable
City Council

Your Position
Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☒ City of Garden Grove
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

☒ **Annual:** The period covered is January 1, 2011, through December 31, 2011.

-or-

The period covered is ____/____/_____, through December 31, 2011.

☐ **Assuming Office:** Date assumed ____/____/_____

☐ **Leaving Office:** Date Left ____/____/_____ *(Check one)*

- ○ The period covered is January 1, 2011, through the date of leaving office.
- ○ The period covered is ____/____/_____, through the date of leaving office.

☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** 1

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☒ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET *(Business or Agency Address Recommended - Public Document)*	CITY	STATE	ZIP CODE
11222 Acacia Parkway	Garden Grove	CA	92840

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)
(714) 741-5035 (City Clerk's Office)	pamha@garden-grove.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-20-12 *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2012 APR -2 A 8:00

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Dalton	William	

1. Office, Agency, or Court

Agency Name
City of Garden Grove

Division, Board, Department, District, if applicable
City Council

Your Position
Mayor

► If filing for multiple positions, list below or on an attachment.

Agency: West Orange County Water Board
Orange County Sanitation District
ACWA Joint Powers Insurance Authority

Position: Board Member
Orange County Transportation Authority
North Net Fire Training Authority
Orange County Board of Supervisors

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☒ City of Garden Grove
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☒ **Annual:** The period covered is January 1, 2011, through December 31, 2011.
  -or-
  The period covered is ____/____/_____, through December 31, 2011.
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____
- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one)*
  - ○ The period covered is January 1, 2011, through the date of leaving office.
  - ○ The period covered is ____/____/_____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** 7

- ☒ **Schedule A-1** - *Investments* – schedule attached
- ☒ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☒ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
11222 Acacia Parkway	Garden Grove	CA	92840

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)
(714) 741-5035	kathyb@ci.garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 29, 2012 *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
William J. Dalton

▶ NAME OF BUSINESS ENTITY
WALT DISNEY CO.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
ENTERTAINMENT

FAIR MARKET VALUE
☒ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED __/__/10 DISPOSED

▶ NAME OF BUSINESS ENTITY
FORD MOTOR CO.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
VEHICLE MANFACTURER

FAIR MARKET VALUE
☒ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED __/__/10 DISPOSED

▶ NAME OF BUSINESS ENTITY
ZEROX CORPORATION

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
COPY MACHINE EQUIPMENT

FAIR MARKET VALUE
☒ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED __/__/10 DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED __/__/10 DISPOSED

▶ NAME OF BUSINESS ENTITY
HARTFORD FINANCIAL

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
INSURANCE

FAIR MARKET VALUE
☒ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED __/__/10 DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED __/__/10 DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name: WILLIAM DALTON

---

1. BUSINESS ENTITY OR TRUST

WILLIAM J. DALTON
Name
9862 CATHERINE AVE.
Address *(Business Address Acceptable)*

Check one
☒ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED __/__/09 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Business Entity/Trust - Item 2)

TOM CALLAGAN

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property
9852 CATHERINE AVE.
GARDEN GROVE
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED __/__/09 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____
☐ Check box if additional schedules reporting investments or real property are attached

---

1. BUSINESS ENTITY OR TRUST

WILLIAM J. DALTON
Name
9862 CATHERINE AVE.
Address *(Business Address Acceptable)*

Check one
☒ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED __/__/09 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Business Entity/Trust - Item 2)

JON MAZUREK

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property
10632 CLAUSSEN ST.
GARDEN GROVE
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED __/__/09 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____
☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name: WILLIAM DALTON

1. BUSINESS ENTITY OR TRUST

WILLIAM J. DALTON
Name
9862 CATHERINE AVE.
Address *(Business Address Acceptable)*

Check one
☒ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
SOLD PROPERTY

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/11 ACQUIRED
6/__/11 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☒ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property
11912 JOHN AVE
GARDEN GROVE

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/11 ACQUIRED
6/__/11 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

1. BUSINESS ENTITY OR TRUST

WILLIAM J. DALTON
Name
9862 CATHERINE AVE
Address *(Business Address Acceptable)*

Check one
☒ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/11 ACQUIRED
__/__/11 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property
10772 STANFORD
10780 STANFORD,
GARDEN GROVE

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/11 ACQUIRED
__/__/11 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: WILLIAM DALTON

1 BUSINESS ENTITY OR TRUST

Name: WILLIAM J. DALTON
Address (Business Address Acceptable): 9862 CATHERINE AVE.
Check one: ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY:

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED
__/__/09 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION: _____

2 IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☒ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

3 LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (attach a separate sheet if necessary)

4 INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property:
9951 CATHERINE AVE.
GARDEN GROVE,

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED
__/__/09 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

---

1 BUSINESS ENTITY OR TRUST

Name: WILLIAM J. DALTON
Address (Business Address Acceptable): 9862 CATHERINE AVE.
Check one: ☒ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY:

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED
__/__/09 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION: _____

2 IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☒ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

3 LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (attach a separate sheet if necessary)

4 INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property:
11861 MACGILL
GARDEN GROVE

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED
__/__/09 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
William J. Dalton

---

1. BUSINESS ENTITY OR TRUST

WILLIAM J- DALTON

Name
9862 CATHERINE AVE.

Address *(Business Address Acceptable)*

Check one
☒ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED
__/__/10 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

CLAY BOCK

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property
9912 CATHERINE AVE.
GARDEN GROVE

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
3/15/10 ACQUIRED
__/__/10 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

1. BUSINESS ENTITY OR TRUST

WILLIAM J- DALTON

Name
9862 CATHERINE AVE

Address *(Business Address Acceptable)*

Check one
☒ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/10 ACQUIRED
__/__/10 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☒ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property
9891 CATHERINE AVE.
GARDEN GROVE

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
6/__/11 ACQUIRED
__/__/10 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
WILLIAM DALTON

1 INCOME RECEIVED

NAME OF SOURCE OF INCOME
ST. COLUMBAN School

ADDRESS *(Business Address Acceptable)*
1055 STANFORD AVE

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CLERICAL/EDUCATION

YOUR BUSINESS POSITION
SECRETARY

GROSS INCOME RECEIVED
☐ $500 - $1,000 ☐ $1,001 - $10,000
☒ $10,001 - $100,000 ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment
☐ Sale of _____ *(Property, car, boat, etc.)*
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
_____
☐ Other _____ *(Describe)*

1 INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment
☐ Sale of _____ *(Property, car, boat, etc.)*
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
_____
☐ Other _____ *(Describe)*

2 LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

INTEREST RATE _____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
☐ None ☐ Personal residence
☐ Real Property _____ *Street address*
_____ *City*
☐ Guarantor _____
☐ Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2012 MAR 19 A 9:05

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Jones Steven

1. Office, Agency, or Court

Agency Name
City of Garden Grove

Division, Board, Department, District, if applicable
City Council

Your Position
Council Member

▸ If filing for multiple positions, list below or on an attachment.

Agency: Orange County Council of Governments Position: Board Member

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☒ City of Garden Grove
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☒ **Annual:** The period covered is January 1, 2011, through December 31, 2011.
  -or-
  The period covered is ___/___/_____, through December 31, 2011.
- ☐ **Assuming Office:** Date assumed ___/___/_____
- ☐ **Leaving Office:** Date Left ___/___/_____ *(Check one)*
  - ○ The period covered is January 1, 2011, through the date of leaving office.
  - ○ The period covered is ___/___/_____, through the date of leaving office.
- ☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

▸ ***Total number of pages including this cover page:*** 4

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☒ **Schedule A-2** - *Investments* – schedule attached
- ☒ **Schedule B** - *Real Property* – schedule attached
- ☒ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET *(Business or Agency Address Recommended - Public Document)*: 11222 Acacia Parkway
CITY: Garden Grove
STATE: CA
ZIP CODE: 92840

DAYTIME TELEPHONE NUMBER: (714) 741-5035
E-MAIL ADDRESS (OPTIONAL): kathyb@ci.garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/17/12 *(month, day, year)*

Signature Steve Jones *(File the originally signed statement with your filing official.)*

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Steven R. Jones

1. BUSINESS ENTITY OR TRUST

Name: Olympia Capital Corporation

Address *(Business Address Acceptable)*: 11542 Montclair Drive, 66

Check one
☐ Trust, *go to 2* ☒ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Asset Management

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/11 ACQUIRED
__/__/11 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☒ Corporation ☐ Other

YOUR BUSINESS POSITION: President

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☒ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

N/A

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/11 ACQUIRED
__/__/11 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

---

1. BUSINESS ENTITY OR TRUST

Name

Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/11 ACQUIRED
__/__/11 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ ____ Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/11 ACQUIRED
__/__/11 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Steven R. Jones

SCHEDULE B
Interests in Real Property
(Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
11381 Garden Drive

CITY
Garden Grove, CA 92841

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
10/28/11 ACQUIRED
__/__/11 DISPOSED

NATURE OF INTEREST
- ☒ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☒ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/11 ACQUIRED
__/__/11 DISPOSED

NATURE OF INTEREST
- ☐ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

---

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
N/A

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments: _____

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Steven R. Jones

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Olympia Capital Corporation

ADDRESS *(Business Address Acceptable)*
11542 Montclair Drive, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Asset Management

YOUR BUSINESS POSITION
President

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☒ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☒ Salary
- ☐ Spouse's or registered domestic partner's income
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☒ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*
- ☐ Other _____ *(Describe)*

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☐ Spouse's or registered domestic partner's income
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*
- ☐ Other _____ *(Describe)*

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
N/A

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE
_____% ☐ None

TERM (Months/Years)
_____

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*
- _____ *City*
- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

AMENDED
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2012 APR -9 A 10:45

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Nguyen	Dina	

1. Office, Agency, or Court

Agency Name
City of Garden Grove

Division, Board, Department, District, if applicable
City Council

Your Position
City Council Member

▶ If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☒ City of Garden Grove
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☒ **Annual:** The period covered is January 1, 2011, through December 31, 2011.
  -or-
  The period covered is ____/____/_____, through December 31, 2011.
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____
- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one)*
  - ○ The period covered is January 1, 2011, through the date of leaving office.
  - ○ The period covered is ____/____/_____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

▶ ***Total number of pages including this cover page:*** 3

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☒ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET *(Business or Agency Address Recommended - Public Document)*	CITY	STATE	ZIP CODE
11222 Acacia Parkway	Garden Grove	CA	92840

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)
(714) 741-5035 (City Clerk's)	pamha@ci.garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed April 9, 2012 *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Dina L. Nguyen

▶ 1. BUSINESS ENTITY OR TRUST

Law Office of Dina Nguyen
Name
10608 Garden Grove Blvd. GG 92843
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☒ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Attorney Services

FAIR MARKET VALUE
☐ $0 - $1,999
☒ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
09/__/11 ACQUIRED
__/__/11 DISPOSED

NATURE OF INVESTMENT
☒ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION Attorney

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/11 ACQUIRED
__/__/11 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

▶ 1. BUSINESS ENTITY OR TRUST

JD Legal & Interpreting Services
Name
10608 Garden Grove Blvd. GG 92843
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☒ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Legal Processing and Interpreting Services

FAIR MARKET VALUE
☐ $0 - $1,999
☒ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/11 ACQUIRED
__/__/11 DISPOSED

NATURE OF INVESTMENT
☒ Sole Proprietorship ☐ Partnership ☐ _____ Other

~~YOUR~~ SPOUSE'S BUSINESS POSITION Fed. Accredited Court Interpreter

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

American Language Services

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/11 ACQUIRED
__/__/11 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

Comments:_____

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Dina L. Nguyen

▶ 1. BUSINESS ENTITY OR TRUST

ABC Construction
Name
10608 Garden Grove Blvd. GG 92843
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☒ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Construction - General Contractor

FAIR MARKET VALUE
☐ $0 - $1,999
☒ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/11 ACQUIRED
__/__/11 DISPOSED

NATURE OF INVESTMENT
☒ Sole Proprietorship ☐ Partnership ☐ _____ Other

~~YOUR~~ BUSINESS POSITION General Contractor (Spouse)

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

Midland Mortgage
Real Nails and Spa

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/11 ACQUIRED
__/__/11 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

▶ 1. BUSINESS ENTITY OR TRUST

Name
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/11 ACQUIRED
__/__/11 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/11 ACQUIRED
__/__/11 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

2012

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Fertal	Matthew	J.

1. Office, Agency, or Court

Agency Name
City of Garden Grove

Division, Board, Department, District, if applicable

Your Position
City Manager

▶ If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☑ City of Garden Grove
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☑ **Annual:** The period covered is January 1, 2012, through December 31, 2012.
  -or-
  The period covered is ___/___/_____, through December 31, 2012.
- ☐ **Assuming Office:** Date assumed ___/___/_____
- ☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____
- ☐ **Leaving Office:** Date Left ___/___/_____ *(Check one)*
  - ○ The period covered is January 1, 2012, through the date of leaving office.
  - ○ The period covered is ___/___/_____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

▶ ***Total number of pages including this cover page:*** 3

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☒ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☒ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
11222 Acacia Parkway	Garden Grove	CA	92840

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)
(714) 741-5100	mattf@ci.garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-26-13 *(month, day, year)*

Signature Matthew Fertal *(File the originally signed statement with your filing official.)*

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

12688 Chapman Ave #3408

CITY

Garden Grove CA 92840

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:

__/__/12 ACQUIRED __/__/12 DISPOSED

NATURE OF INTEREST
- ☒ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☐ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:

__/__/12 ACQUIRED __/__/12 DISPOSED

NATURE OF INTEREST
- ☐ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☐ None

---

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments: _____

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

► NAME OF SOURCE *(Not an Acronym)*
Disneyland Resort Public Affairs
ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Theme Park

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/13/12	$ 400	admission to VIP showing of Cars land
___/___/___	$	
___/___/___	$	

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	$	
___/___/___	$	
___/___/___	$	

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	$	
___/___/___	$	
___/___/___	$	

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	$	
___/___/___	$	
___/___/___	$	

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	$	
___/___/___	$	
___/___/___	$	

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	$	
___/___/___	$	
___/___/___	$	

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2013 MAR 27 A 8:01

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Beard	Kris	C

1. Office, Agency, or Court

Agency Name
City of Garden Grove

Division, Board, Department, District, if applicable
City Council

Your Position
Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: WOCWB; OCSD; NORTH NET JPA

Position: Board Member

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☑ City of Garden Grove
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☑ **Annual:** The period covered is January 1, 2012, through December 31, 2012.
  -or-
  The period covered is ____/____/_____, through December 31, 2012.
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one)*
  - ○ The period covered is January 1, 2012, through the date of leaving office.
  - ○ The period covered is ____/____/_____, through the date of leaving office.
- ☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► *Total number of pages including this cover page:* 1

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

- ☑ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
11222 Acacia Parkway	Garden Grove	CA	92840

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)
(714) 741-5035	kathyb@ci.garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/26/13 *(month, day, year)*

Signature Kris C. Beard *(File the originally signed statement with your filing official.)*

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2013 APR -3 P 3:31

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Broadwater	Bruce	Allan

1. Office, Agency, or Court

Agency Name
City of Garden Grove

Division, Board, Department, District, if applicable
City Council

Your Position
Mayor

▶ If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☑ City of Garden Grove
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☑ **Annual:** The period covered is January 1, 2012, through December 31, 2012.
  -or-
  The period covered is ____/____/____, through December 31, 2012.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one)*
  - ○ The period covered is January 1, 2012, through the date of leaving office.
  - ○ The period covered is ____/____/____, through the date of leaving office.
- ☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

▶ *Total number of pages including this cover page:* 1

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☑ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
	Garden Grove	CA	92840

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)
(714) 558-4601	pamha@ci.garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4-3-13 *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2013 APR -1 AM 8:31

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Jones	Steven	R

1. Office, Agency, or Court

Agency Name
City of Garden Grove

Division, Board, Department, District, if applicable
City Council

Your Position
Council Member

▶ If filing for multiple positions, list below or on an attachment.

Agency: OCSD, OCTA

Position: Board Member

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☑ City of Garden Grove
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☑ **Annual:** The period covered is January 1, 2012, through December 31, 2012.
  -or-
  The period covered is ____/____/____, through December 31, 2012.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____
- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one)*
  - ○ The period covered is January 1, 2012, through the date of leaving office.
  - ○ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

▶ *Total number of pages including this cover page:* 2

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☒ **Schedule A-2** - *Investments* – schedule attached
- ☒ **Schedule B** - *Real Property* – schedule attached
- ☒ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS *(Business or Agency Address Recommended - Public Document)* STREET	CITY	STATE	ZIP CODE
11222 Acacia Parkway	Garden Grove	CA	92840

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)
(714) 741-5035	kathyb@ci.garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/10/13 *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Steven R. Jones

▶ 1. BUSINESS ENTITY OR TRUST

Olympia Capital Corporation
Name
11542 Montclair Drive, 66
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☒ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Asset Management

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/11 ACQUIRED
__/__/11 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☒ Corporation ☐ Other

YOUR BUSINESS POSITION President

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☒ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

N/A

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/11 ACQUIRED
__/__/11 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

---

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/11 ACQUIRED
__/__/11 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ ____ Other

YOUR BUSINESS POSITION

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/11 ACQUIRED
__/__/11 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Steven R. Jones

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
11381 Garden Drive

CITY
Garden Grove, CA 92841

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/11 ACQUIRED __/__/11 DISPOSED

NATURE OF INTEREST
- ☒ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☒ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/11 ACQUIRED __/__/11 DISPOSED

NATURE OF INTEREST
- ☐ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

---

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
N/A

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments: _____

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Steven R. Jones

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Olympia Capital Corporation

ADDRESS *(Business Address Acceptable)*
11542 Montclair Drive, CO

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Asset Management

YOUR BUSINESS POSITION
President

GROSS INCOME RECEIVED
☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☒ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☒ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____ *(Real property, car, boat, etc.)*
☒ Commission or ☐ Rental Income, *list each source of $10,000 or more*
☐ Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____ *(Real property, car, boat, etc.)*
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
☐ Other _____ *(Describe)*

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
N/A

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

INTEREST RATE _____% ☐ None

TERM (Months/Years) _____

SECURITY FOR LOAN
☐ None ☐ Personal residence
☐ Real Property _____ *Street address*
_____ *City*
☐ Guarantor _____
☐ Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
(Filed with the Filing Officer)

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2013 APR -3 P 5:10

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Nguyen	Dina	

1. Office, Agency, or Court

Agency Name
City of Garden Grove

Division, Board, Department, District, if applicable
City Council

Your Position
City Council Member

▶ If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☑ City of Garden Grove
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

☑ **Annual:** The period covered is January 1, 2012, through December 31, 2012.

-or-

The period covered is ____/____/____, through December 31, 2012.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Leaving Office:** Date Left ____/____/____ *(Check one)*

○ The period covered is January 1, 2012, through the date of leaving office.

○ The period covered is ____/____/____, through the date of leaving office.

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

▶ ***Total number of pages including this cover page:*** 3

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☑ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
11222 Acacia Parkway	Garden Grove	CA	92840

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)
(714) 741-5035	pamha@ci.garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 04/01/2013 *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Dina L. Nguyen

▶ 1. BUSINESS ENTITY OR TRUST

Law Office of Dina Nguyen
Name

10608 Garden Grove Blvd., GG 92843
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☑ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Legal Services

FAIR MARKET VALUE
☐ $0 - $1,999
☑ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/ 12 ACQUIRED
__/__/ 12 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☑ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION Attorney

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☑ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

☑ None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/ 12 ACQUIRED
__/__/ 12 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

▶ 1. BUSINESS ENTITY OR TRUST

JD Legal & Interpreting Services
Name

10608 Garden Grove Blvd., GG 92843
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☑ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Interpreting Services

FAIR MARKET VALUE
☐ $0 - $1,999
☑ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/ 12 ACQUIRED
__/__/ 12 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☑ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION Fed. Accred. Interpreter (spouse)

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☑ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

☑ None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/ 12 ACQUIRED
__/__/ 12 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Dina L. Nguyen

▶ 1. BUSINESS ENTITY OR TRUST

ABC Construction
Name

10608 Garden Grove Blvd., GG 92843
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☑ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Construction-General Contractor

FAIR MARKET VALUE
☐ $0 - $1,999
☑ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/12 ACQUIRED
__/__/12 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☑ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION General Contractor (Spouse)

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☑ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☑ None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/12 ACQUIRED
__/__/12 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/12 ACQUIRED
__/__/12 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/12 ACQUIRED
__/__/12 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received (Official Use Only)
RECEIVED CITY CLERK GROVE OFFICE
2013 APR -1 A 10:23

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Phan	Christopher	V.

1. Office, Agency, or Court

Agency Name
City of Garden Grove

Division, Board, Department, District, if applicable
City Council

Your Position
Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: OC Council of Govnmts; OC Public Library Adv Bd

Position: Board Member

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☑ City of Garden Grove
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

☑ **Annual:** The period covered is January 1, 2012, through December 31, 2012.

-or-

The period covered is ____/____/____, through December 31, 2012.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ____/____/____ *(Check one)*

- ○ The period covered is January 1, 2012, through the date of leaving office.
- ○ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► *Total number of pages including this cover page:* 1

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☒ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
11222 Acacia Parkway	Garden Grove	CA	92840

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)
(714) 741-5035	kathyb@ci.garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/7/13 *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*

2013

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2014 MAR 17 P 3:01

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Fertal	Matthew	J.

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Garden Grove

Division, Board, Department, District, if applicable

Your Position
City Manager

▶ If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: Successor Agency, Oversight Board, Housing Position: Director

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☑ City of Garden Grove
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

☑ **Annual:** The period covered is January 1, 2013, through December 31, 2013.

-or-

The period covered is ____/____/____, through December 31, 2013.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Leaving Office:** Date Left ____/____/____ *(Check one)*

- ○ The period covered is January 1, 2013, through the date of leaving office.
- ○ The period covered is ____/____/____, through the date of leaving office.

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

▶ *Total number of pages including this cover page:* 3

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
11222 Acacia Parkway	Garden Grove	CA	92840

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)
(714) 741-5040	kathyb@ci.garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-17-13 *(month, day, year)*

Signature Matthew Fertal *(File the originally signed statement with your filing official.)*

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Matthew Fertal

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
12688 Chapman Ave #3403

CITY
Garden Grove, CA 92840

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
12/20/13 DISPOSED

NATURE OF INTEREST
- ☒ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☒ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

NATURE OF INTEREST
- ☐ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☐ None

---

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments:

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Matthew Fertal

▶ NAME OF SOURCE *(Not an Acronym)*
Disneyland Resort
ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Candlelight Ceremony

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/7/13	$ 440	Candlelight Ceremony
___/___/___	$	
___/___/___	$	

▶ NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	$	
___/___/___	$	
___/___/___	$	

▶ NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	$	
___/___/___	$	
___/___/___	$	

▶ NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	$	
___/___/___	$	
___/___/___	$	

▶ NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	$	
___/___/___	$	
___/___/___	$	

▶ NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	$	
___/___/___	$	
___/___/___	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2014 MAR 27 A 11:25

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Beard	Kris	C

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Garden Grove

Division, Board, Department, District, if applicable
City Council

Your Position
Council Member

▶ If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: WOCWB; OCSD; North Net JPA

Position: Board Member

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☑ City of Garden Grove
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

☑ **Annual:** The period covered is January 1, 2013, through December 31, 2013.

-or-

The period covered is ____/____/_____, through December 31, 2013.

☐ **Assuming Office:** Date assumed ____/____/_____

☐ **Leaving Office:** Date Left ____/____/_____ *(Check one)*

- ○ The period covered is January 1, 2013, through the date of leaving office.
- ○ The period covered is ____/____/_____, through the date of leaving office.

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

▶ ***Total number of pages including this cover page:*** 2

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☑ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
11222 Acacia Parkway	Garden Grove	CA	92840

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)
(714) 741-5040	kathyb@ci.garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/27/14 *(month, day, year)*

Signature Kris C. Beard *(File the originally signed statement with your filing official.)*

SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Kris Beard

- **Mark either the gift or income box.**
- **Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the $440 gift limit, but may result in a disqualifying conflict of interest.**

▶ NAME OF SOURCE *(Not an Acronym)*
Anyang City, South Korea
ADDRESS *(Business Address Acceptable)*

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Foreign Government

DATE(S): 09/30/13 - 10/06/13 *(If gift)* AMT: $ 800.00

TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☑ Other - Provide Description
Transportation/City Tours (9/30/13-10/6/13), Hotel Accommodations/Meals (10/3/13-10/6/13)

▶ NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: The travel expenses set forth in this Schedule were for governmental purposes relating to interaction with the City's sister city (40th Anniversary Celebration) and are not subject to the Political Reform Act "gift" limitation pursuant to Government Code section 89506; 2 Cal. Code Regs section 18950.1.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only
RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2014 MAR 12 AM 11:11

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Broadwater	Bruce	Allan

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Garden Grove

Division, Board, Department, District, if applicable
City Council

Your Position
Mayor

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☑ City of Garden Grove
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

☑ **Annual:** The period covered is January 1, 2013, through December 31, 2013.

-or-

The period covered is ____/____/____, through December 31, 2013.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Leaving Office:** Date Left ____/____/____ *(Check one)*

○ The period covered is January 1, 2013, through the date of leaving office.

○ The period covered is ____/____/____, through the date of leaving office.

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** 1

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☒ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
		Garden Grove	CA	92840

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)
(714) 741-5040	kathyb@ci.garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-11-14 *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only
RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2014 MAR 12 AM 11:11

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Broadwater	Bruce	Allan

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Garden Grove

Division, Board, Department, District, if applicable
City Council

Your Position
Mayor

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☑ City of Garden Grove
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

☑ **Annual:** The period covered is January 1, 2013, through December 31, 2013.
-or-
The period covered is ____/____/____, through December 31, 2013.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Leaving Office:** Date Left ____/____/____ *(Check one)*
- ○ The period covered is January 1, 2013, through the date of leaving office.
- ○ The period covered is ____/____/____, through the date of leaving office.

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** 1

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☒ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
	Garden Grove	CA	92840

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)
(714) 741-5040	kathyb@ci.garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-11-14 *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2014 MAR 31 P 12:21

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Jones	Steven	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Garden Grove

Division, Board, Department, District, if applicable
City Council

Your Position
Council Member

▶ If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: OCSD, OCTA

Position: Board Member

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☑ City of Garden Grove
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

☑ **Annual:** The period covered is January 1, 2013, through December 31, 2013.

-or-

The period covered is ____/____/_____, through December 31, 2013.

☐ **Assuming Office:** Date assumed ____/____/_____

☐ **Leaving Office:** Date Left ____/____/_____ *(Check one)*

- ○ The period covered is January 1, 2013, through the date of leaving office.
- ○ The period covered is ____/____/_____, through the date of leaving office.

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

▶ ***Total number of pages including this cover page:*** 4

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☑ **Schedule A-2** - *Investments* – schedule attached
- ☑ **Schedule B** - *Real Property* – schedule attached
- ☑ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS *(Business or Agency Address Recommended - Public Document)* STREET	CITY	STATE	ZIP CODE
11222 Acacia Parkway	Garden Grove	CA	92840

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)
(714) 741-5040	kathyb@ci.garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/27/14 *(month, day, year)*

Signature Steve Jones *(File the originally signed statement with your filing official.)*

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name: Steven R. Jones

▶ 1. BUSINESS ENTITY OR TRUST

Name: Olympia Capital Corporation

Address *(Business Address Acceptable)*: 11542 Montclair Drive, 66

Check one
☐ Trust, *go to 2* ☒ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS: Asset Management

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☒ Corporation (Other)

YOUR BUSINESS POSITION: President

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☒ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None

N/A

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

---

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ ____ (Other)

YOUR BUSINESS POSITION

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Steven R. Jones

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
11381 Garden Drive

CITY
Garden Grove, CA 92845

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED __/__/13 DISPOSED

NATURE OF INTEREST
- ☒ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☒ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☐ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
6835 Danvers Drive

CITY
Garden Grove, CA 92845

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED __/__/13 DISPOSED

NATURE OF INTEREST
- ☒ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☒ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☐ None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
N/A

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

NAME OF LENDER*
N/A

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments: _____

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Steven R. Jones

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Olympia Capital Corporation

ADDRESS *(Business Address Acceptable)*
11542 Montclair Drive, 65

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Asset Management

YOUR BUSINESS POSITION
President

GROSS INCOME RECEIVED
☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☒ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☒ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____ *(Real property, car, boat, etc.)*
☒ Commission or ☐ Rental Income, *list each source of $10,000 or more*
☐ Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____ *(Real property, car, boat, etc.)*
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
☐ Other _____ *(Describe)*

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
N/A

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

INTEREST RATE _____% ☐ None

TERM (Months/Years) _____

SECURITY FOR LOAN
☐ None ☐ Personal residence
☐ Real Property _____ *Street address*
_____ *City*
☐ Guarantor _____
☐ Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2014 APR -2 A 10:45

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Nguyen Dina

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Garden Grove

Division, Board, Department, District, if applicable
City Council

Your Position
Council Member

▶ If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: North Net JPA Position: Board Member

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☑ City of Garden Grove
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☑ **Annual:** The period covered is January 1, 2013, through December 31, 2013.
  -or-
  The period covered is ___/___/_____, through December 31, 2013.
- ☐ **Assuming Office:** Date assumed ___/___/_____
- ☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____
- ☐ **Leaving Office:** Date Left ___/___/_____ *(Check one)*
  - ○ The period covered is January 1, 2013, through the date of leaving office.
  - ○ The period covered is ___/___/_____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

▶ ***Total number of pages including this cover page:*** 4

- ☐ Schedule A-1 - *Investments* – schedule attached
- ☒ Schedule A-2 - *Investments* – schedule attached
- ☐ Schedule B - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☑ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET *(Business or Agency Address Recommended - Public Document)* | CITY | STATE | ZIP CODE

11222 Acacia Parkway | Garden Grove | CA | 92840

DAYTIME TELEPHONE NUMBER | E-MAIL ADDRESS (OPTIONAL)

(714) 741-5040 | kathyb@ci.garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4-1-2014 *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
DINA NGUYEN

▶ 1. BUSINESS ENTITY OR TRUST

Law Office of Dina Nguyen
Name
10608 Garden Grove Blvd., Garden Grove CA 92843
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☑ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS
Legal Services

FAIR MARKET VALUE
☐ $0 - $1,999
☑ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☑ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION Attorney

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☑ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☑ None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box.
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

JD Legal & Interpreting Services
Name
10608 Garden Grove Blvd., Garden Grove CA 92843
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☑ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS
Interpreting Services

FAIR MARKET VALUE
☐ $0 - $1,999
☑ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☑ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION Fed. Accred. Interpreter (spouse)

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☑ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☑ None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
DINA NGUYEN

1. BUSINESS ENTITY OR TRUST

ABC Construction
Name
10608 Garden Grove Blvd., Garden Grove CA 92843
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☑ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS
Construction-General Contractor

FAIR MARKET VALUE
☐ $0 - $1,999
☑ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☑ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION General Contractor (Spouse)

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☑ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☑ None

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

1. BUSINESS ENTITY OR TRUST

Name
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name: Dina Nguyen

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the $440 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE *(Not an Acronym)*
Anyang City, South Korea
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Foreign Government
DATE(S): 09/30/13 - 10/06/13 *(If gift)* AMT: $ 800.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Transportation/City Tours (9/30/13-10/6/13), Hotel Accommodations/Meals (10/3/13-10/6/13)

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: The travel expenses set forth in this Schedule were for governmental purposes relating to interaction with the City's sister city (40th Anniversary Celebration) and are not subject to the Political Report Act "gift" limitation pursuant to Government Code section 89506; 2 Cal. Code Regs section 18950.1.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2014 MAR 27 A 8:30

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Phan	Christopher	V

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Garden Grove

Division, Board, Department, District, if applicable
City Council

Your Position
Council Member

▶ If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: OC Council of Governments

Position: Board Member

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☑ City of Garden Grove
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

☑ **Annual:** The period covered is January 1, 2013, through December 31, 2013.

-or-

The period covered is ____/____/_____, through December 31, 2013.

☐ **Assuming Office:** Date assumed ____/____/_____

☐ **Leaving Office:** Date Left ____/____/_____ *(Check one)*

- ○ The period covered is January 1, 2013, through the date of leaving office.
- ○ The period covered is ____/____/_____, through the date of leaving office.

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

▶ ***Total number of pages including this cover page:*** 4

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☒ **Schedule D** - *Income – Gifts* – schedule attached
- ☒ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
11222 Acacia Parkway	Garden Grove	CA	92840

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)
(714) 741-5040	kathyb@ci.garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/25/14 *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Christopher Phan

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*: Steve Jones
ADDRESS *(Business Address Acceptable)*: 11222 Acacia Pkwy
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Garden Grove CA 92840

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/2/13	$200	wedding money
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: Kris Beard
ADDRESS *(Business Address Acceptable)*: Same
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/2/13	$100	wedding money
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: Kingsley Okereke
ADDRESS *(Business Address Acceptable)*: Same
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/2/13	$100	wedding money
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: Anand Rao
ADDRESS *(Business Address Acceptable)*: Same
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/2/13	$100	wedding money
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: Charles Kalil
ADDRESS *(Business Address Acceptable)*: Same
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/2/13	$100	wedding money
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*:
ADDRESS *(Business Address Acceptable)*:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Comments:

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name: Christopher Phan

▶ NAME OF SOURCE *(Not an Acronym)*: Thomas Nixon
ADDRESS *(Business Address Acceptable)*: 11222 Acacia PKwy
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Garden Grove, CA 92840

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/2/13	$150	Wedding check
___/___/___	$	
___/___/___	$	

▶ NAME OF SOURCE *(Not an Acronym)*: Susan Emery
ADDRESS *(Business Address Acceptable)*: Same
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/2/13	$100	Wedding money
___/___/___	$	
___/___/___	$	

▶ NAME OF SOURCE *(Not an Acronym)*: John Clark
ADDRESS *(Business Address Acceptable)*: Same
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/2/13	$100	Wedding money
___/___/___	$	
___/___/___	$	

▶ NAME OF SOURCE *(Not an Acronym)*: Karl & Kim Huy
ADDRESS *(Business Address Acceptable)*: Same
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/2/13	$100	Wedding money
___/___/___	$	
___/___/___	$	

▶ NAME OF SOURCE *(Not an Acronym)*: Matt & Terri Fertal
ADDRESS *(Business Address Acceptable)*: Same
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/2/13	$100	Wedding money
___/___/___	$	
___/___/___	$	

▶ NAME OF SOURCE *(Not an Acronym)*: David Barlag
ADDRESS *(Business Address Acceptable)*: Same
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/2/13	$100	Wedding money
___/___/___	$	
___/___/___	$	

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Christopher Phan

- **Mark either the gift or income box.**
- **Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the $440 gift limit, but may result in a disqualifying conflict of interest.**

▶ NAME OF SOURCE *(Not an Acronym)*
Anyang City, South Korea
ADDRESS *(Business Address Acceptable)*

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Foreign Government

DATE(S): 09/30/13 - 10/06/13 *(If gift)* AMT: $ 800.00

TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☑ Other - Provide Description
Transportation/City Tours (9/30/13-10/6/13), Hotel Accommodations/Meals (10/3/13-10/6/13)

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: The travel expenses set forth in this Schedule were for governmental purposes relating to interaction with the City's sister city (40th Anniversary Celebration) and are not subject to the Political Report Act "gift" limitation pursuant to Government Code section 89506; 2 Cal. Code Regs section 18950.1.

2014

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Official Use Only
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2015 MAR 31 PM 4:03

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Roeder	Allan	L.

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Garden Grove

Division, Board, Department, District, if applicable

Your Position
Interim City Manager

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☑ City of Garden Grove
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

☑ **Annual:** The period covered is January 1, 2014, through December 31, 2014.

-or-

The period covered is ____/____/_____, through December 31, 2014.

☑ **Assuming Office:** Date assumed ____/____/_____

☐ **Leaving Office:** Date Left ____/____/_____ *(Check one)*

- O The period covered is January 1, 2014, through the date of leaving office.
- O The period covered is ____/____/_____, through the date of leaving office.

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** 1

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☒ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS *(Business or Agency Address Recommended - Public Document)* STREET	CITY	STATE	ZIP CODE
11222 Acacia Parkway	Garden Grove	CA	92840

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(714) 741-5127	AllanR@ci.garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/30/15 *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Official Use Only

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2015 MAR 24 P 2:01

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Fertal	Matthew	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Garden Grove

Division, Board, Department, District, if applicable

Your Position
City Manager

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☑ City of Garden Grove
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☐ **Annual:** The period covered is January 1, 2014, through December 31, 2014.
  -or-
  The period covered is ____/____/_____, through December 31, 2014.
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☑ **Leaving Office:** Date Left 12 / 31 / 2014 *(Check one)*
  - ● The period covered is January 1, 2014, through the date of leaving office.
  - ○ The period covered is ____/____/_____, through the date of leaving office.
- ☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** 2

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☒ **Schedule D** - *Income – Gifts* – schedule attached
- ☒ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

- ☐ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
City Clerk's Office P.O. Box 3070	Garden Grove	CA	92842

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(714) 741-5035	kathyb@ci.garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-23-2015 *(month, day, year)*

Signature Matthew Fertal *(File the originally signed statement with your filing official.)*

SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

- **Mark either the gift or income box.**
- **Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the $440 gift limit, but may result in a disqualifying conflict of interest.**

▶ NAME OF SOURCE *(Not an Acronym)*
Disneyland Resort
ADDRESS *(Business Address Acceptable)*

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Candlelight Ceremony
DATE(S): 12/6/14 - __/__/__ *(If gift)* AMT: $ 340.00

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $ _____

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ NAME OF SOURCE *(Not an Acronym)*
Sheraton Hotel
ADDRESS *(Business Address Acceptable)*
12221 Harbor Blvd
CITY AND STATE
Garden Grove CA 92840

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Complementary Night stay
DATE(S): 11/15/14 - __/__/__ *(If gift)* AMT: $ 99.00

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description _____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $ _____

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Filing Official Use Only

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2015 MAR 25 P 1:26

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Beard	Kris	C

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Garden Grove

Division, Board, Department, District, if applicable
City Council

Your Position
Mayor

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: North Net JPA; OCSD; WOCWB

Position: Board Member

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☑ City of Garden Grove
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☑ **Annual:** The period covered is January 1, 2014, through December 31, 2014.
  -or-
  The period covered is ____/____/_____, through December 31, 2014.
- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one)*
  - ○ The period covered is January 1, 2014, through the date of leaving office.
  - ○ The period covered is ____/____/_____, through the date of leaving office.
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 1

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☑ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
P.O. Box 3070	Garden Grove	CA	92842

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(714) 741-5035	kathyb@ci.garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/25/15 *(month, day, year)*

Signature Kris Beard *(File the originally signed statement with your filing official.)*

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Official Use Only
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2015 MAR 25 A 8:01

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Jones	Steven	R

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Garden Grove

Division, Board, Department, District, if applicable
City Council

Your Position
Council Member

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: Orange County Sanitation District — Position: Board Member

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☑ City of Garden Grove
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☑ County of County
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

☑ **Annual:** The period covered is January 1, 2014, through December 31, 2014.
-or-
The period covered is ____/____/____, through December 31, 2014.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Leaving Office:** Date Left ____/____/____ *(Check one)*
- ○ The period covered is January 1, 2014, through the date of leaving office.
- ○ The period covered is ____/____/____, through the date of leaving office.

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** 4

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☒ **Schedule A-2** - *Investments* – schedule attached
- ☒ **Schedule B** - *Real Property* – schedule attached
- ☒ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
P.O. Box 3070	Garden Grove	CA	92842

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(714) 741-5035	kathyb@ci.garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/25/15 *(month, day, year)*

Signature Steven Jones *(File the originally signed statement with your filing official.)*

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name: Steven R. Jones

1. BUSINESS ENTITY OR TRUST

Name: Olympia Capital Corporation
Address (Business Address Acceptable): 11542 Montclair Drive, 66

Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS: Asset Management

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☒ Corporation (Other)

YOUR BUSINESS POSITION: President

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☒ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

☐ None

N/A

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

---

1. BUSINESS ENTITY OR TRUST

Name:
Address (Business Address Acceptable):

Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS:

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION:

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

☐ None

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Steven R. Jones

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
11381 Garden Drive

CITY
Garden Grove, CA 92845

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

NATURE OF INTEREST
- ☒ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☒ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☐ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
6835 Danvers Drive

CITY
Garden Grove, CA 92845

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/13 ACQUIRED
__/__/13 DISPOSED

NATURE OF INTEREST
- ☒ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☒ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☐ None

---

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
N/A

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

NAME OF LENDER*
N/A

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments: _____

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Steven R. Jones

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Olympia Capital Corporation

ADDRESS (Business Address Acceptable)
11542 Montclair Drive, 65

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Asset Management

YOUR BUSINESS POSITION
President

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☒ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☒ Salary
- ☐ Spouse's or registered domestic partner's income
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ (Real property, car, boat, etc.)
- ☒ Commission or
- ☐ Rental Income, list each source of $10,000 or more
- ☐ Other _____ (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☐ Spouse's or registered domestic partner's income
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ (Real property, car, boat, etc.)
- ☐ Commission or
- ☐ Rental Income, list each source of $10,000 or more
- ☐ Other _____ (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
N/A

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE _____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ Street address, City
- ☐ Guarantor _____
- ☐ Other _____ (Describe)

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Official Use Only

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2015 APR -1 A 9:02

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Nguyen	Bao	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Garden Grove

Division, Board, Department, District, if applicable
City Council

Your Position
Mayor

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: North Net Fire Training Joint Powers Authority
Position: Board Member

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☑ City of Garden Grove
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

☑ **Annual:** The period covered is January 1, 2014, through December 31, 2014.

-or-

The period covered is ____/____/_____, through December 31, 2014.

☐ **Leaving Office:** Date Left ____/____/_____ *(Check one)*

- ○ The period covered is January 1, 2014, through the date of leaving office.
- ○ The period covered is ____/____/_____, through the date of leaving office.

☑ **Assuming Office:** Date assumed 12 / 09 / 2014

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 1

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☒ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
P.O. Box 3070	Garden Grove	CA	92842

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(714) 741-5035	kathyb@ci.garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/31/15 *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Nguyen	Dina	L

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Garden Grove

Division, Board, Department, District, if applicable
City Council

Your Position
Council Member

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: North Net JPA

Position: Board Member

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☑ City of Garden Grove
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☑ Other JPA

3. Type of Statement *(Check at least one box)*

☐ **Annual:** The period covered is January 1, 2014, through December 31, 2014.

-or-

The period covered is ____/____/____, through December 31, 2014.

☐ **Assuming Office:** Date assumed ____/____/____

☑ **Leaving Office:** Date Left 12 / 09 / 2014 *(Check one)*

○ The period covered is January 1, 2014, through the date of leaving office.

○ The period covered is ____/____/____, through the date of leaving office.

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** 2

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☒ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
P.O. Box 3070	Garden Grove	CA	92842

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(714) 741-5035	kathyb@ci.garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 1-15-15 *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: DINA L NGUYEN

1. BUSINESS ENTITY OR TRUST

LAW OFFICE OF DINA L NGUYEN
Name

10608 GARDEN GROVE BLVD, GARDEN GROVE
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS
LEGAL SERVICES

FAIR MARKET VALUE
☐ $0 - $1,999
☑ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/14 ACQUIRED
__/__/14 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☑ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION ATTORNEY

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☑ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☑ None or ☐ Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/14 ACQUIRED
__/__/14 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

1. BUSINESS ENTITY OR TRUST

ABC CONSTRUCTION
Name

10608 GARDEN GROVE BLVD, GARDEN GROVE
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS
CONSTRUCTION & CONSULTANCY

FAIR MARKET VALUE
☐ $0 - $1,999
☑ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/14 ACQUIRED
__/__/14 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☑ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION Construction Consultant

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☑ $10,001 - $100,000
☐ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☑ None or ☐ Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/14 ACQUIRED
__/__/14 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Official Use Only

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2015 MAR 31 P 3:46

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
PHAN	CHRISTOPHER	VINH

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
GARDEN GROVE CITY COUNCIL

Division, Board, Department, District, if applicable

Your Position
COUNCILMEMBER

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: OCCOG Position: Board Member

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☑ City of GARDEN GROVE
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☑ **Annual:** The period covered is January 1, 2014, through December 31, 2014.
  -or-
  The period covered is ____/____/____, through December 31, 2014.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____
- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one)*
  - ○ The period covered is January 1, 2014, through the date of leaving office.
  - ○ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 1

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☑ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
11222 Acacia Pkwy	Garden Grove	CA	92840

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(714) 741-5000	vote4chrisphan@gmail.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/30/2015 *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*