

Type or Print in Ink.

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) BUI PHAT T DAYTIME TELEPHONE NUMBER (714) 713 4079 FAX NUMBER (optional) _____ E-MAIL (optional) Phat@PhatBui.com

STREET ADDRESS 10071 TRASK AVE CITY GARDEN GROVE STATE CA ZIP CODE 92843

OFFICE SOUGHT (POSITION TITLE) GARDEN GROVE COUNCIL MEMBER AGENCY NAME _____ DISTRICT NUMBER, if applicable _____ PARTY: NON-PARTISAN

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

 (Year of Election) (Year of Election) (Year of Election)
 Primary/general election Special/runoff election

(Check one box)
 I accept the voluntary expenditure ceiling for the election stated above.
 I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:
 I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)
 On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

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

Executed on Aug 6, 2014 (month, day, year) Signature [Signature] (Candidate)