## CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS, ECEIVED Received

LITY OF GARDEN GROVE COVER PAGE

COVER PAGE

CITY CLERK'S OFFICE

Please type or print in ink.

| NAME OF FILER (LAST)  | (FIRST) 2011  | FED 26 AMIDDE OF  |
|---|---|---|
| KANZLER   | AUDREW  | M   |
| 1. Office, Agency, or Court   |   |   |
| Agency Name (Do not use acronyms)  CITY OF GARDE;  Division, Board, Department, District, if applicable  PLANMING           | N CYZOVE, COMM<br>Your Position                                     | LISSIONER - PLANNIN   |
| ▶ If filing for multiple positions, list below or on an attachme  | ent. (Do not use acronyms)  |   |
| Agency:   | Position;   |   |
| 2. Jurisdiction of Office (Check at least one box)  |   |   |
| ☐ State   | ☐ Judge or Court Commission   | er (Statewide Jurisdiction)   |
| Multi-County  |   |   |
| XCity of GARDEN GROVE   | Other   |   |
| 3. Type of Statement (Check at least one box)   |   |   |
| Annual: The period covered is January 1, 2014, throug December 31, 2014.  | gh Leaving Office: Date Left (Check one)                            |   |
| The period covered is/  | leaving office.   | January 1, 2014, through the date of  |
| Assuming Office: Date assumed 2,19,20   | OF The period covered is the date of leaving office                 | ee. , through   |
| Candidate: Election year and  | office sought, if different than Part 1:                            |   |
| 4. Schedule Summary   |   | in kanan membalik di dalam membalik dalam dan di dalam permasa dan di dininggan permasa dan di dininggan permasa da<br>Bangan permasa dan di dalam permasa dan dan di dalam permasa dan di dininggan permasa dan di dininggan permasa |
| Check applicable schedules or "None."   | ► Total number of pages including                                   | this cover page:  |
| Schedule A-1 - Investments – schedule attached  | <del>_</del>  | Business Positions – schedule attached  |
| ☐ Schedule A-2 - Investments — schedule attached ☐ Schedule B - Real Property — schedule attached                           | ☐ Schedule D • Income – Gifts – s ☐ Schedule E • Income – Gifts – s | ravel Payments – schedule attached  |
| <del>-</del>  | -or-  | ,   |
|   | reportable interests on any schedule                                |   |
| 5. Verification  MAILING ADDRESS STREET   | CITY STATE  | ZIP CODE  |
| (Business or Agency Address Recommended - Public Document)  | 6.25  | 1 0000  |
| DAYTIME TELEPHONE NUMBER  | E-MAIL ADDRESS  | 7 16845   |
| (714) 595-5494  | ANDREWKA  | IZLER@OUTGOK  |
| I have used all reasonable diligence in preparing this statement herein and in any attached schedules is true and complete. | ent. I have reviewed this statement and to the best of              | my knowledge the information contained  |
| I certify under penalty of perjury under the laws of the S  | State of California that the foregoing is true and c                | ornect.   |
| Date Signed 2/26/15   | Signature   | ed statement with your filing official.)  |

### CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS RECEIVE Deceived COVER PAGE COVE

Date Initial Filing

Please type or print in ink.

| NAI            | ME OF FILER (LAST)   |              | (FIRST)  | 7  | îls MAR                                | 20 (MIDGLE) 2: 24           |
|----------------|--|--------------|--|--|--|-----------------------------|
| M              | ai   | Vu           |  | . •  | 015 ,                                  |                             |
| 1.             | Office, Agency, or Court   |              |  |  |  |                             |
|                | Agency Name (Do not use acronyms)  |              |  |  |  |                             |
|                | City of Garden Grove   |              |  |  |  |                             |
|                | Division, Board, Department, District, if applicable   |              | Your Pos   | ition  |  |                             |
|                | Planning Commission  |              | Comm   | issioner   |  |                             |
|                | ▶ If filing for multiple positions, list below or on an attachment.  | (Do not u    | se acronyms)   |  |  |                             |
|                | Agency:  |              | Position:  |  | ······································ |                             |
| 2.             | Jurisdiction of Office (Check at least one box)  |              |  | and the state of t |  |                             |
|                | State  |              | ☐ Judge o  | or Court Commission  | er (Statewid                           | e Jurisdiction)             |
|                | Multi-County   |              |  |  |  |                             |
|                | ☑ City of Garden Grove   |              |  |  |  |                             |
| (personnel lib | E ONG OF   |              | □ Other =  |  | <del></del>                            |                             |
| 3.             | Type of Statement (Check at least one box)   |              |  | an dan ann garran da t an ag an Calain an  |  |                             |
|                | Annual: The period covered is January 1, 2014, through December 31, 2014.  |              | Leavin<br>(Check   | g Office: Date Left one)   |  |                             |
|                | The period covered is/   | , through    | O The<br>leav  | period covered is J<br>ving office.  | anuary 1, 20                           | 014, through the date of    |
|                | Assuming Office: Date assumed 03 , 19 , 2015   | <u> </u>     | ○ The the  | period covered is _<br>date of leaving offic   | <i></i><br>e.                          | _/, through                 |
|                | Candidate: Election year and office  | e sought, if | f different than Par   | t 1:   |  |                             |
| 4.             | Schedule Summary   |              |  |  |  |                             |
|                | Check applicable schedules or "None."  | ▶ Tota       | I number of pa   | ages including i   | this cover                             | page: <u>04</u>             |
|                | Schedule A-1 - Investments schedule attached   |              | ☐ Schedule C   | Income. Loans. & I   | Business Po                            | sitions – schedule attached |
|                | Schedule A-2 - Investments – schedule attached   |              | Schedule D   | · Income – Gifts – s   | chedule atta                           | ched                        |
|                | Schedule B - Real Property - schedule attached   |              |  |  |  | nts - schedule attached     |
|                | -or  |              |  |  |  |                             |
| cinidelesso    | None - No repor  | table inten  | ests on any sched  | ule  |  |                             |
| 5. `           | Verification   |              |  |  |  |                             |
|                | MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)  | CITY         | V-V-1",  | STATE  |  | ZIP CODE                    |
|                | •  | rden Gro     | ove  | CA   | 92                                     | 2842                        |
|                | DAYTIME TELEPHONE NUMBER   |              | E-MAIL ADDRESS   |  |  |                             |
|                | ( 714 ) 741-5035   |              | kathyb@ci.g  | arden-grove.ca   | .us                                    |                             |
|                | I have used all reasonable diligence in preparing this statement. I herein and in any attached schedules is true and complete. I act | knowledge    | this is a public do  | cument,  |  | e the information contained |
|                | I certify under penalty of perjury under the laws of the State   | of Californ  | nia that the foreg   | oing is true and co  | rrect.                                 |                             |
|                | Date Signed 03/26/2015   | S            | lignature  | 0  |  |                             |
| Line Delivers  | ' (month, day, year)   |              | - Section of the sect | (File the originally signed  | statement with y                       | our filing official.)       |

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

| LIFORNIA FORM          | 700      |
|------------------------|----------|
| POLITICAL PRACTICES CO | MMISSION |
| ne                     |          |
| i, Vu                  |          |
|                        | ne       |

| ► 1. INCOME RECEIVED   | ➤ 1. INCOME RECEIVED   |
|--|--|
| NAME OF SOURCE OF INCOME   | NAME OF SOURCE OF INCOME   |
| Vu Mai DDS Inc   | US Army  |
| ADDRESS (Business Address Acceptable)  | ADDRESS (Business Address Acceptable)  |
| 13045 Euclid Street Garden Grove CA 92843  | 11751 WESTERN AVE<br>GARDEN GROVE, CA 92841  |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE   | BUSINESS ACTIVITY, IF ANY, OF SOURCE   |
|  |  |
| YOUR BUSINESS POSITION   | YOUR BUSINESS POSITION   |
| Owner/Dentist  | US Army Officer / COLONEL  |
| GROSS INCOME RECEIVED  | GROSS INCOME RECEIVED  |
| \$500 - \$1,000 S1,001 - \$10,000  | \$500 - \$1,000 \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq  |
| ☐ \$10,001 - \$100,000   | ✓ \$10,001 - \$100,000 ☐ OVER \$100,000  |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED  | CONSIDERATION FOR WHICH INCOME WAS RECEIVED  |
| ✓ Salary Spouse's or registered domestic partner's income  (For self-employed use Schedule A-2.) | ✓ Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)  |
| Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)                      | Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  |
| Sale of  | Sale of  |
| (Real property, car, boat, etc.)  Loan repayment   | (Real property, car, boat, etc.)   |
| Commission or Rental Income, list each source of \$10,000 or more                                | Commission or Rental Income, list each source of \$10,000 or more  |
|  |  |
| (Describe)   | (Describe)   |
| Other(Describe)  | Other(Describe)  |
| ▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE                                       | RIOD   |
| retail installment or credit card transaction, made in th  | lending institutions, or any indebtedness created as part of a se lender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's ws: |
| NAME OF LENDER*  | INTEREST RATE TERM (Months/Years)  |
| Seneca   | 4 360/30   |
| ADDRESS (Business Address Acceptable)  | % None   |
| Ell TAMISON RD   | SECURITY FOR LOAN  |
| BUSINESS ACTIVITY, IF ANY, OF LENDER   | ☐ None ☐ Personal residence  |
|  | 13894 Dawson Street  |
| LICUTET DALANCE DUDING REPORTING REPIGE  | Real Property Street address   |
| HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000   | Garden Grove   |
|  | City   |
| \$1,001 - \$10,000   | Guarantor  |
| <u>\$10,001 - \$100,000</u>  |  |
| OVER \$100,000   | Other(Describe)  |
|  | (Describe)   |
| 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                                |  |
| Mai, Vu                             |  |

| ▶ 1. BUSINESS ENTITY OR TRUST  | ▶ 1. BUSINESS ENTITY OR TRUST   |
|--|---|
| Vu Mai DDS Inc   | Patriot Dental  |
| Name   | Name  |
| 13045 Euclid Street Garden Grove, CA 92843   | 810 Ave. Pico Suite W San Clemente, CA 92673  |
| Address (Business Address Acceptable)  | Address (Business Address Acceptable)   |
| Check one  Trust, go to 2  Business Entity, complete the box, then go to 2   | Check one   |
| ☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2   | ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2  |
| GENERAL DESCRIPTION OF THIS BUSINESS   | GENERAL DESCRIPTION OF THIS BUSINESS  |
| Dental Office  | Dental Office   |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  | FAIR MARKET VALUE IF APPLICABLE, LIST DATE:   |
| ☐ \$0 - \$1.999  | \$0 - \$1,999   |
| \$2,000 - \$10,000   | \$2,000 - \$10,000// <u>14</u> // <u>14</u>   |
| \$10,001 - \$100,000 ACQUIRED DISPOSED  \$\sqrt{9}\$ \$100,001 - \$1,000,000   | ☐ \$10,001 - \$100,000 ACQUIRED DISPOSED  √ \$100,001 - \$1,000,000   |
| Over \$1,000,000   | V \$100,001 - \$1,000,000<br>Over \$1,000,000   |
|  |   |
| NATURE OF INVESTMENT Partnership  Sole Proprietorship  | NATURE OF INVESTMENT Partnership  Sole Proprietorship   |
| Other Other  | ☐ Partnership ☑ Other   |
| YOUR BUSINESS POSITION Owner   | YOUR BUSINESS POSITION Owner  |
|  | FOUR BUSINESS POSITION  |
| <ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA<br/>SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)</li> </ul> | <ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA<br/>SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul> |
| \$0 - \$499 \$10,001 - \$100,000   | □ \$0 - \$499   |
| □ \$500 - \$1,000  | \$500 - \$1,000 OVER \$100,000  |
| \$1,001 - \$10,000   | S1,001 - \$10,000   |
| ➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF   | ➤ 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   | INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary,)  None or Names listed below                                      |
| <del></del>  | THORE OF THE PROPERTY.  |
| Rental of 13894 Dawson Street garden Grove CA 92843  |   |
|  |   |
|  |   |
|  |   |
| ◆ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR<br>LEASED BY THE BUSINESS ENTITY OR TRUST  | ► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST                                      |
| Check one box:   | Check one box:  |
| ☐ INVESTMENT   | ☐ INVESTMENT ☐ REAL PROPERTY  |
| Vu Mai   | _   |
| Name of Business Entity, if Investment, or   | Name of Business Entity, if Investment, or  |
| Assessor's Parcel Number or Street Address of Real Property  | Assessor's Parcel Number or Street Address of Real Property   |
| 13894 Dawson Street Garden Grove, CA 92843   |   |
| Description of Business Activity <u>or</u><br>City or Other Precise Location of Real Property  | Description of Business Activity or  City or Other Precise Location of Real Property  |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  |   |
| \$2,000 - \$10,000   | FAIR MARKET VALUE IF APPLICABLE, LIST DATE:   |
| \$10,001 - \$100,000 / 14 / 14   | \$10,001 - \$100,000// <u>14</u> // <u>14</u>   |
|  | \$100,001 - \$1,000,000 ACQUIRED DISPOSED   |
| trond · · ·  | Over \$1,000,000  |
| NATURE OF INTEREST   ✓ Property Ownership/Deed of Trust  Stock  Partnership  | NATURE OF INTEREST<br>  |
| 14   |   |
| Leasehold Other  | Leasehold Other   |
|  |   |
| Check box if additional schedules reporting investments or real property are attached  | Check box if additional schedules reporting investments or real property are attached   |
|  |   |
| Comments: This is a town house that I own and rent it out  | FPPC Form 700 (2014/2015) Sch. A-2  |

## SCHEDULE B Interests in Real Property (Including Rental Income)

| CALIFORNIA FORM 700                 |  |
|-------------------------------------|--|
| FAIR POLITICAL PRACTICES COMMISSION |  |
| Name                                |  |
| Mai, Vu                             |  |

| ➤ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS<br>13894 Dawson Street   | ► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  |
|---|---|
| CITY  | CITY  |
| Garden Grove CA 92843   |   |
| FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000   | FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000  |
| NATURE OF INTEREST  | NATURE OF INTEREST  |
| ✓ Ownership/Deed of Trust   | Ownership/Deed of Trust Easement  |
| Leasehold Other   | Leasehold Other   |
| IF RENTAL PROPERTY, GROSS INCOME RECEIVED   | IF RENTAL PROPERTY, GROSS INCOME RECEIVED   |
| \$0 - \$499 \$500 - \$1,000 <b>3</b> \$1,001 - \$10,000   | \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000  |
| S10,001 - \$100,000 OVER \$100,000  | S10,001 - \$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. | 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  | None  |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| * You are not required to report loans from commercial le<br>business on terms available to members of the public values of the public values.      | ending institutions made in the lender's regular course of without regard to your official status. Personal loans and                               |
|   |   |
| NAME OF LENDER*   | NAME OF LENDER*   |
| PMAC 760  | Seneca  |
| ADDRESS (Business Address Acceptable) 15325 FAIR FIGED RANCH RD. SUITE  | ADDRESS (Business Address Acceptable)  6 ( JAMISON 120A-D  FINA NY 14054  |
| BUSINESS ACTIVITY, IF ANY, OF LENDER  | BUSINESS ACTIVITY, IF ANY, OF LENDER  |
| INTEREST RATE TERM (Months/Years)   | INTEREST RATE TERM (Months/Years)   |
| <u>A</u> %  | 4% □ None <u>360/30</u>   |
| HIGHEST BALANCE DURING REPORTING PERIOD   | HIGHEST BALANCE DURING REPORTING PERIOD   |
| S1,001 - \$10,000 S1,000  | ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  |
| ☐ \$10,001 - \$100,000  | ☐ \$10,001 - \$100,000  |
| Guarantor, if applicable  | Guarantor, if applicable  |
|   |   |
| Comments:   |   |

### CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Date Initial Filing

STATEMENT OF ECONOMIC INTERESTS

A E C E I V E U

Official Use Only

COVER PAGE

CITY CLERK'S OFFICE

| Please type or print in ink.   | 911 1 05 4111 -   |
|--|---|
| NAME OF FILER (LAST)  MURGOLIN  CO   | nstance Conne 2045 MAR 30 A MODISZ  |
| 1. Office, Agency, or Court  |   |
| Agency Name (Do not use acronyms)  City of Carden Grove  Division, Board, Department, District, if applicable                                  | Your Position   |
| Planning Commission  | Commissioner  |
| ▶ 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 .  | ☐ Judge or Court Commissioner (Statewide Jurisdiction)  |
| Multi-County   | County of   |
| City of  |   |
| 3. Type of Statement (Check at least one box)  |   |
| Annual: The period covered is January 1, 2014, through December 31, 2014.  | Leaving Office: Date Left/(Check one)   |
| The period covered is/, throperiod covered is/   | ough O The period covered is January 1, 2014, through the date of leaving office.                                     |
| Assuming Office: Date assumed  | The period covered is, through<br>the date of leaving office.   |
| Candidate: Election year and office sol  | ught, if different than Part 1:   |
| 4. Schedule Summary  |   |
| Check applicable schedules or "None." ▶  | Total number of pages including this cover page:  |
| Schedule A-1 - Investments schedule attached   | Schedule C - Income, Loans, & Business Positions - schedule attached  |
| Schedule A-2 - Investments – schedule attached   | Schedule D - Income - Gifts - schedule attached   |
| Schedule B - Real Property schedule attached   | ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached   |
| -or-<br>None - No reportable   | e interests on any schedule   |
| 5. Verification  |   |
|  | ITY STATE ZIP CODE  |
| DAYTIME TELEPHONE NUMBER   | E-MAIL ADDRESS  |
| ( )  |   |
| I have used all reasonable diligence in preparing this statement. I hav<br>herein and in any attached schedules is true and complete. I acknow | e reviewed this statement and to the best of my knowledge the information contained wledge 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 - 2015   | Signature Characteristics   |
| (month, day, year)   | (File the originally signed statement with your filing official.)   |

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.

## STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

MECEIVED
HECEIVED
HTY OF GARDEN GROVE
CITY CLERK'S OFFICE

| NAME OF FILER (LAST)  | (FIRST) ZOIS FEB 19 (MIDDLES): N 7   |
|---|--|
| O'Neill   | John R.  |
| 1. Office, Agency, or Court   |  |
| Agency Name   |  |
| City Of Garden Grove  |  |
| Division, Board, Department, District, if applicable  | Your Position  |
| Planning Commission   | Commissioner   |
| ▶ If filing for multiple positions, list below or on an attachment  | ıt.  |
| Agency:   | Position:  |
| 2. Jurisdiction of Office (Check at least one box)  |  |
| ☐ State   | ☐ Judge or Court Commissioner (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, 2011, through December 31, 2011.   | Leaving Office: Date Left/(Check one)  |
| The period covered is//   | , through O The period covered is January 1, 2011, through the date of leaving office.   |
| ➤ Assuming Office: Date assumed 02 , 19 , 201   | The period covered is/, through the date of leaving office.  |
| Candidate: Election Year Office   | e sought, if different than Part 1:  |
| 4. Schedule Summary   | 4  |
| Check applicable schedules or "None."   | ▶ Total number of pages including this cover page:   |
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| Schedule B - Real Property - schedule attached  | Schedule E - Income – Gifts – Travel Payments – schedule attached  |
|   | -or-   |
| ⊠ None - No rep   | portable interests on any schedule   |
| 5. Verification   |  |
| MAILING ADDRESS STREET<br>(Business or Agency Address Recommended - Public Document)  | CITY · STATE ZIP CODE  |
| P.O. Box 627  | Garden Grove CA 92842  |
| DAYTIME TELEPHONE NUMBER  | E-MAIL ADDRESS (OPTIONAL)  |
| ( 714 ) 319-2771  | john@JohnONeillForGardenGrove.com  |
| I have used all reasonable diligence in preparing this statement herein and in any attached schedules is true and complete. | t. I have reviewed this statement and to the best of my knowledge the information contained acknowledge this is a public document. |
| I certify under penalty of perjury under the laws of the Sta  | ate of California that the foregoing is true and correct.  |
| Date Signed 2/19/2015   | Signature (MI) the colored to be produced with your five of field to   |
| /(month, day, yéar)   | File the originally signed statement with your filing official.)   |



## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing
Received
RECELYMOLUS Only
CHY OF GARDEN GROVE
CITY CLERK'S OFFICE

Please type or print in ink.

| NAME (       | OF FILER (LAST)   | (FIRST)  | 2015 MAR -MAPPLEA 9: 26                          |
|--------------|---|--|--|
| Pare         | edes  | Mark Anthony   | Reynoso Reynoso                                  |
| 1. 01        | fice, Agency, or Court  |  |  |
| Ag           | ency Name (Do not use acronyms)   | The first of the second of the |  |
| С            | ity of Garden Grove   |  |  |
| Di           | vision, Board, Department, District, if applicable  | Your Position  |  |
| P            | lanning Commission  | Commissioner   |  |
| ▶            | If filing for multiple positions, list below or on an attachm   | nent. (Do not use acronyms)  |  |
| Ą            | gency:  | Position:  |  |
| 2. J         | urisdiction of Office (Check at least one box)  |  |  |
| Г            | State   | ☐ Judge or Court Comm  | nissioner (Statewide Jurisdiction)               |
|              | Multi-County  |  |  |
|              | City of Garden Grove  | ,  |  |
| L¥_          | j Oily Oi   | One  |  |
| 3. T         | ype of Statement (Check at least one box)   |  |  |
|              | Annual: The period covered is January 1, 2014, throu December 31, 2014.   | gh Leaving Office: Dat (Check one)   | e Left/  |
|              | The period covered is/  | , through O The period covered leaving office.   | ed is January 1, 2014, through the date of       |
| $\checkmark$ | Assuming Office: Date assumed 02 19 2   | O The period covere the date of leavin   | ed is, through g office.                         |
|              | Candidate: Election year and  | office sought, if different than Part 1:   |  |
| 4. S         | chedule Summary   |  |  |
| CI           | neck applicable schedules or "None."  | ► Total number of pages include  | ding this cover page: 1                          |
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|              | Schedule A-2 - Investments - schedule attached  | Schedule D - Income - Gi   |  |
|              | Schedule B - Real Property - schedule attached  | Schedule E - Income – Gi   | fts - Travel Payments - schedule attached        |
|              | <b>☑</b> None - No  | -or-<br>reportable interests on any schedule   |  |
| 5. Ve        | rification  |  |  |
| AM           | ILING ADDRESS STREET usiness or Agency Address Recommended - Public Document)                                       | CITY   | STATE ZIP CODE                                   |
| •            | 0339 Dove Court   | Garden Grove C   | A 92840  |
| DA           | YTIME TELEPHONE NUMBER  | E-MAIL ADDRESS   |  |
| (            | 213 ) 820-5741  | marparedes@gmail.co  | m  |
| l h<br>he    | ave used all reasonable diligence in preparing this statemerein and in any attached schedules is true and complete. | ent. I have reviewed this statement and to the bit acknowledge this is a public document.  | est of my knowledge the information contained    |
| Ιc           | ertify under penalty of perjury under the laws of the   | State of California that the foregoing is true a   | and correct.                                     |
| Dэ           | te Signed   | Signature // A   | 00   |
| Ja           | (month, day, year)  |  | lly signed statement with your filing official.) |



## STATEMENT OF ECONOMIC INTERESTS

**COVER PAGE** 

Date Initial Filing
Received
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ONLY OF GARDEN GROVE
ONLY CLERK'S OFFICE

| Zamora  Linda  2015 R.F.EB 25 A 8: 5  1. Office, Agency, or Court  Agency Name (Do not use acronyms)  City of Garden Grove  |                                      |
|---|--------------------------------------|
| Agency Name (Do not use acronyms)   |                                      |
|   |                                      |
| City of Garden Grove  |                                      |
|   |                                      |
| Division, Board, Department, District, if applicable  Your Position   |                                      |
| Planning Commission Commissioner  |                                      |
| ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)   |                                      |
| Agency: Position:   | <del></del>                          |
| 2. Jurisdiction of Office (Check at least one box)  |                                      |
| ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)  |                                      |
| Multi-County County of  |                                      |
| ✓ City of Garden Grove  |                                      |
| U Ollor   |                                      |
| 3. Type of Statement (Check at least one box)   | Boundary Committee                   |
| Annual: The period covered is January 1, 2014, through December 31, 2014.  Leaving Office: Date Left  |                                      |
| The period covered is 01 / 01 / 2016, through December 31, 2014.  | of:                                  |
| Assuming Office: Date assumed   | . dgu                                |
| 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:  | Military                             |
| Schedule A-1 - Investments - schedule attached  Schedule C - Income, Loans, & Business Positions - schedule attached  | tached                               |
| Schedule A-2 - Investments – schedule attached  Schedule D - Income – Gifts – schedule attached   |                                      |
| Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached   | hed                                  |
| -or-  None - No reportable interests on any schedule  |                                      |
| 5. Verification   | <u>Silkharikaidikan metilikan ja</u> |
| MAILING ADDRESS STREET CITY STATE ZIP CODE  |                                      |
| (Business or Agency Address Recommended - Public Document)  11222 Acacia Parkway  Garden Grove  CA  92840   |                                      |
| DAYTIME TELEPHONE NUMBER  E-MAIL ADDRESS  E-MAIL ADDRESS  |                                      |
| ( 714 ) 741-5000 lindazamora132@yahoo.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 of herein and in any attached schedules is true and complete. I acknowledge this is a public document. | ntained                              |
| I certify under penalty of perjury under the laws of the State of California that the foregoing is the and correct.   |                                      |
| Data Signed 02/24/2015  |                                      |
| Date Signed (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)

| FAIR POLITICAL PRACTICES COMMISSION Name | $\bigcirc$ | FORM 700           | CALIFOR |
|--|------------|--------------------|---------|
| , vanc                                   | N          | ACTICES COMMISSION |         |
| Linda P. Zamora                          |            | 7                  | ١ .     |

| ► 1. BUSINESS ENTITY OR TRUST   | ► 1. BUSINESS ENTITY OR TRUST   |
|---|---|
| Iberican Language Services, Inc.  |   |
| Name<br>13274 Taft Street, Garden Grove, CA 92843   | Name  |
| Address (Business Address Acceptable)   | Address (Business Address Acceptable)   |
| Check one ☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2  | Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2  |
| GENERAL DESCRIPTION OF THIS BUSINESS Interpreting and Translation Services  | GENERAL DESCRIPTION OF THIS BUSINESS  |
| FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$0 - \$1,999   \$2,000 - \$10,000   J_14   J_14   J_14   J_14   J_14   J_15   J_15 | FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$0 - \$1,999   \$2,000 - \$10,000  //14  //14     \$100,001 - \$1,000,000   \$100,001 - \$1,000,000   Over \$1,000,000 |
| NATURE OF INVESTMENT ☐ Partnership ☐ Sole Proprietorship ☐ Inc. Other   | NATURE OF INVESTMENT Partnership Sole Proprietorship Other  |
| YOUR BUSINESS POSITION President/CEO  | YOUR BUSINESS POSITION  |
| ► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)   | ➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)   |
| □ \$0 - \$499   | \$0 - \$499 \$10,001 - \$100,000<br>\$500 - \$1,000 OVER \$100,000<br>\$1,001 - \$10,000  |
| ➤ 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   | 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:  | ➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:  |
| ☐ INVESTMENT ☐ REAL PROPERTY  | ☐ INVESTMENT ☐ REAL PROPERTY  |
| Name of Business Entity, if Investment, <u>or</u><br>Assessor's Parcel Number or Street Address of 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   | Description of Business Activity <u>or</u><br>City or Other Precise Location of Real Property   |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000  ACQUIRED DISPOSED   | FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000  DISPOSED                              |
| NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership   | NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership   |
| Leasehold Other   | Leasehold Other   |
| Check box if additional schedules reporting investments or real property are attached   | 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                                |  |
| Linda R. Zamora                     |  |

| NAME OF SOURCE OF INCOME  | NAME OF SOURCE OF INCOME  |
|---|---|
| Iberican Language Services, Inc.  | I WANTE OF GOODINGE OF INCOMIE  |
| ADDRESS (Business Address Acceptable)   | ADDRESS (Business Address Acceptable)   |
| 13274 Taft Street, Garden Grove, CA 92843   | / Assistance (Sastrace National Notables)   |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE  | BUSINESS ACTIVITY, IF ANY, OF SOURCE  |
| Interpreting and Translation Services   |   |
| YOUR BUSINESS POSITION  | YOUR BUSINESS POSITION  |
| President/CEO   |   |
| GROSS INCOME RECEIVED   | ODOGS MOOME BEOENED   |
| \$500 - \$1,000   | GROSS INCOME RECEIVED \$500 - \$1,000 \$1,001 - \$10,000  |
| ✓ \$10,001 - \$100,000 ☐ OVER \$100,000   | \$1,000 = \$10,000   \$1,000   \$1,000   \$1,000   \$1,000   OVER \$100,000   |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED   | CONSIDERATION FOR WHICH INCOME WAS RECEIVED   |
| Salary Spouse's or registered domestic partner's income   | Salary Spouse's or registered domestic partner's income   |
| (For self-employed use Schedule A-2.)   | (For self-employed use Schedule A-2.)   |
| Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)   | Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)   |
| Sale of   | Sale of   |
| (Real property, car, boat, etc.)  | (Real property, car, boat, etc.)  |
| langual   |   |
| Commission or Rental Income, list each source of \$10,000 or more   | Commission or Rental Income, list each source of \$10,000 or mo   |
|   |   |
|   |   |
| (Describe)  | (Describe)  |
|   | (Describe)  |
| (Describe)  Other(Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P  * You are not required to report loans from commercial retail installment or credit card transaction, made in the   | (Describe)    Other   |
| (Describe)  Other(Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P  * You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official section.  | Other (Describe)  I lending institutions, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's  |
| (Describe)  Other   | (Describe)  Other (Describe)  I lending institutions, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ows:   |
| (Describe)  Other   | (Describe)  Other (Describe)  I lending institutions, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ows:  INTEREST RATE TERM (Months/Years)  |
| (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P  * You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official regular course of business must be disclosed as followable of LENDER*  | (Describe)    Other   |
| (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P  * You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official regular course of business must be disclosed as followable of LENDER*  | (Describe)  Other (Describe)  I lending institutions, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ows:  INTEREST RATE TERM (Months/Years)  None  |
| (Describe)  Other   | (Describe)  Other (Describe)  I lending institutions, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ows:  INTEREST RATE TERM (Months/Years)  Whone None  SECURITY FOR LOAN  Real Property                                    |
| (Describe)  Other   | (Describe)  Other (Describe)  I lending institutions, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ows:  INTEREST RATE TERM (Months/Years)  SECURITY FOR LOAN  None Personal residence                                      |
| (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P  * You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official regular course of business must be disclosed as followable of Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER   | (Describe)  Other (Describe)  I lending institutions, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ows:  INTEREST RATE TERM (Months/Years)  Whone SECURITY FOR LOAN  None Personal residence  Real Property  Street address |
| (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P  * You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official regular course of business must be disclosed as followable of Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD                                    | (Describe)  Other   |
| (Describe)  Other   | (Describe)  Other (Describe)  I lending institutions, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ows:  INTEREST RATE TERM (Months/Years)  Whone SECURITY FOR LOAN  None Personal residence  Real Property  Street address |
| (Describe)  Other (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P  * You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official regular course of business must be disclosed as followable of Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000 | (Describe)    Other   |