STATEMENT OF ECONOMIC INTEREST SARDEN GROVE Use Only CITY CLERK'S OFFICE

COVER PAGE

Please type or print in ink.	•	2016 MAR 15 PM 5: 51	
NAME OF FILER (LAST)	(FIRST) (MIDDLE)		
Beard	Kris	С	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms) City of Garden Grove			
Division, Board, Department, District, if applicable		Your Position	
City Council		Council Member	
▶ If filing for multiple positions, list below or on an attac	chment. (Do not use	acronyms)	
Agency: Orange County Sanitation District; North Net Fire Training Jr	DID. IL begt	Position: Board Member	
2. Jurisdiction of Office (Check at least one box		Orange County Water Board	
State	9	☐ Judge or Court Commissioner (Statewide Jurisdiction)	
Multi-County			
City of Garden Grove		County of	
City of		Other	
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2015, the December 31, 2015.	rough	Leaving Office: Date Left/(Check one)	
The period covered is	through	The period covered is January 1, 2015, through the date of leaving office.	
Assuming Office: Date assumed/		○ The period covered is/, through the date of leaving office.	
Candidate: Election year a	nd office sought, if di	ferent than Part 1:	
4. Schedule Summary (must complete) ▶ Schedules attached	- Total number o	f pages including this cover page:\	
Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached		Schedule C - Income, Loans, & Business Positions – schedule attached	
Schedule B - Real Property - schedule attached		Schedule D - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached	
-or-		Achedie L Income — Gills — Haver Payments — Schedule attached	
☑ None - No reportable interests on any sch	nedule		
5. Verification			
MAILING ADDRESS STREET	СПҮ	STATE ZIP CODE	
(Business or Agency Address Recommended - Public Document) P.O. box 3070	Garden Grove	e CA 92842	
DAYTIME TELEPHONE NUMBER		MAIL ADDRESS	
(714) 741-5035	h	athyb@ci.garden-grove.ca.us	
I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and comple	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 th	e State of California	that the foregoing is true and correct.	
Date Signed 3/15/16	_ Sigr	nature Kus Beaust	
(month, day, year)		(File the originally signed statement with your filing official.)	

Please type or print in ink.

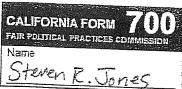
STATEMENT OF ECONOMIC INTERESTS GARDEN GREEN GRE CITY CLERK'S OFFICE

COVER PAGE

2016 MAR 15 AM 11: 34 NAME OF FILER (LAST) (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 Your Position City Council Council Member ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) **Orange County Sanitation District** Board Member 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, 2015, through Leaving Office: Date Left ____/___ December 31, 2015. (Check one) -or-O The period covered is January 1, 2015, through the date of The period covered is ___ December 31, 2015. leaving office. Assuming Office: Date assumed ______ O The period covered is _ the date of leaving office. Candidate: Election year _ and office sought, if different than Part 1: _ 4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: . Schedules attached 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-■ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 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 Signature (month, day, year) (File the originally signed statement with your filing official.)

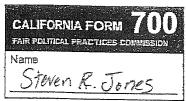
SCHEDULE A-2 Investments, income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)



▶ 1. BUSINESS ENTITY OR TRUST	➤ 1. BUSINESS ENTITY ORTRUST
Olympia Capital Corporation	
11542 Montclair Drive, 66	Name
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable)
☐ 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 ASSET Management	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: S0 - \$1,999	FAIR MARKET VALUE F APPLICABLE, LIST DATE:
NATURE OF INVESTMENT Perthership Sole Proprietorship Corporation YOUR BUSINESS POSITION. President	NATURE OF INVESTMENT Partnership Sole Proprietorship Cities
7	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
☐ \$0 - \$499 ☐ \$10,001 - \$100,000 ☐ \$500 - \$1,000 ☐ \$1,000 ☐ \$1,001 - \$10,000	\$0 - \$459 \$10,001 - \$100,000 \$500 - \$1,000 \$0VER \$100,000 \$1,001 - \$10,000
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Ampli a separate sheet if necessing)	OF LIST THE NAME OF FACH REPORTABLE SINGLE SOURCE OF
None	INCOME OF \$10,000 OR MORE Aliash a spane shall a measure. None
N/A	
•	
A INVESTMENTS AND INTERESTS IN REAL PROPERTY, HELD OR	
LEASED BY THE BUSINESS ENTITY OF TRUST. Check one box:	> 4. Investments and interests in real property held or Leased <u>By</u> the Business entity or trust:
INVESTMENT REAL PROPERTY	Check one box;
3///	☐ NAVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or 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 or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST
— · · · · · · · · · · · · · · · · · · ·	Property Dwnership/Deed of Trust Stock Parinership
Leasehold Other	Leasehold Yrs. remaining 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:	FPPC Form 700 [2013/2014] Sch. A-7

SCHEDULE B Interests in Real Property (Including Rental Income)



ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
11381 Garden Drive	6835 Danvers Drive
11381 Garden Drive Garden Grove, CA 92845	Garden Grave, CA 92845
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2.000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust	Ownership/Deed of Trust Ezsement
Leasehold Other	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$D - \$499	\$50.000 \$50.000 \$50.000
₹ \$10,001 - \$100,000 ☐ OVER \$100,000	2 \$10,001 - \$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.
business on terms available to members of the public	ending institutions made in the lender's regular course of without regard to your official status. Personal loans and
loans received not in a lender's regular course of busi-	ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RAJE TERM (Months/Years)	INTEREST RATE TERM (Months(Years)
% None	%,
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$5,00 = \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 S1,001 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	

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

	The second second	
CALIFOR	NIA FORM	
FAIR POLITICA	1 Practices commis	SID)(
Name		
Stever	R. Jones	

NAME OF SOURCE OF INCOME	▶ 1. INCOMERECEIVED
	NAME OF SOURCE OF INCOME
Olympia Capital Corporation ADDRESS (Business Address Acceptable) 11542 Montclair Drive, 66	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
11542 Montolair Drive 66	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Asset Management	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
President	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☐ \$10.000 ☐ \$1,000 ☐ \$1,000 ☐ \$10,0	5500 - \$1,000
[] \$10,000 - \$100,000 Ed O. [] \$ 0.000,000	S18,001 - \$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
Loan repayment Partnership	Loan repayment Parinership
Sale of	Sale of
Safe of	(Real properly, car, boat, ex.)
Commission or Rental Income, list each source of \$19,000 or more	Commission of Rental Income, list each source of \$10,000 or more
	The state of the s
Other	Other
(Describe)	(Describe)
> 2 LOANS RECEIVED OR OUTSTANDING DURINGS THE REPORTING PER	
You are not required to report loans from commercial is	
tod be not reduced to report today with continuerday to	ending institutions, or any indebtedness created as part of a
retail installment of credit card transaction, made in the	ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to
retail installment of credit card transaction, made in the members of the public without regard to your official sta	lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's
retail installment of credit card transaction, made in the	lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's
retail installment of credit card transaction, made in the members of the public without regard to your official sta	lender's regular course of business on terms available to stus. Personal loans and loans received not in a lender's s:
retail installment of credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows:	lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s: INTEREST RATE TERM (Months/Years)
retail installment of credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows:	lender's regular course of business on terms available to stus. Personal loans and loans received not in a lender's s:
retail installment of credit card transaction, made in the members of the public without regard to your official state regular course of business must be disclosed as follow: NAME OF LENDER*	lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s: INTEREST RATE TERM (Months/Years)
retail installment of credit card transaction, made in the members of the public without regard to your official state regular course of business must be disclosed as follow: NAME OF LENDER*	Iender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s: INTEREST RATE None None
retail installment of credit card transaction, made in the members of the public without regard to your official state regular course of business must be disclosed as follow: NAME OF LENDER* ADDRESS (Business Address Acceptable)	Interest RATE None Personal residence Person
retail installment of credit card transaction, made in the members of the public without regard to your official state regular course of business must be disclosed as follow: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	Inder's regular course of business on terms available to atus. Personal loans and loans received not in a lender's structure. INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN
retail installment of credit card transaction, made in the members of the public without regard to your official state 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	lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s: INTEREST RATE TERM (Months/Years) Whone SECURITY FOR LOAN None Personal residence Real Property
retail installment of credit card transaction, made in the members of the public without regard to your official state 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 \$580 - \$1,008	lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s: INTEREST RATE TERM (Months/Years) Whone SECURITY FOR LOAN None Personal residence Real Property
retail installment of credit card transaction, made in the members of the public without regard to your official state 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	lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s. INTEREST RATE TERM (Months/Years) Whone SECURITY FOR LOAN Real Property Street address
retail installment of credit card transaction, made in the members of the public without regard to your official state 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 \$5500 - \$1,000 \$10,001 - \$10,000	lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s: INTEREST RATE TERM (Months/Years) Whone SECURITY FOR LOAN None Personal residence Real Property Streat address
retail installment of credit card transaction, made in the members of the public without regard to your official state 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	Guarantor Giber
retail installment of credit card transaction, made in the members of the public without regard to your official state 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 OVER \$100,000	lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's structure. INTEREST RATE TERM (Months/Years) Whone SECURITY FOR LOAN Real Property Street address City.
retail installment of credit card transaction, made in the members of the public without regard to your official state 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 \$5500 - \$1,000 \$10,001 - \$10,000	Guarantor Giber
retail installment of credit card transaction, made in the members of the public without regard to your official state 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 OVER \$100,000	Guarantor Giber

STATEMENT OF ECONOMIC INTERESTANDEN GROVE COVER PAGE CITY CLERK'S OFFICE

Please type or print in ink. NAME OF FILER (LAST) (FIRST) **NGUYEN** BAO 1. Office, Agency, or Court Agency Name (Do not use acronyms) CITY OF GARDEN GROVE Division, Board, Department, District, if applicable Your Position CITY COUNCIL 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 ☐ Judge or Court Commissioner (Statewide Jurisdiction) County of _____ City of GARDEN GROVE Other ___ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left ____/___ December 31, 2015. (Check one) O The period covered is January 1, 2015, through the date of The period covered is ______, through December 31, 2015. leaving office. Assuming Office: Date assumed ____/___ O The period covered is _ the date of leaving office. Candidate: Election year __ and office sought, if different than Part 1: ____ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____ Schedules attached 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-✓ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 11222 ACACIA PARKWAY **GARDEN GROVE** CA 92840 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (714)741-5102 BAO@BAONGUYEN.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 03/30/2016 Signature (month, day, year) (File the originally signed statement

FPPC Form 700 (2015/2016)



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Please type or print in ink. 2016 MAR -7 PM 2: 35

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 applica	ble Your Position	on
City Council	Council I	Member
▶ If filing for multiple positions, list below or c	, , ,	
Agency:	Position:	Board Member
2. Jurisdiction of Office (Check at leas	et one box)	
State	☐ Judge or	Court Commissioner (Statewide Jurisdiction)
Multi-County		
City of Garden Grove		
E ony or	Other	
3. Type of Statement (Check at least or	ne box)	
Annual: The period covered is January 1 December 31, 2015.	Leaving (Check o	Office: Date Left/
The period covered is/_ December 31, 2015.		period covered is January 1, 2015, through the date of ag office.
Assuming Office: Date assumed	<i></i> ○ The p	period covered is/, through ate of leaving office.
Candidate: Election year	and office sought, if different than Part	1:
4. Schedule Summary (must compl	lete) ▶ Total number of pages inclu	ding this cover page:
Schedules attached		
Schedule A-1 - Investments - schedul	e attached Schedule C - Inc	ome, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – schedul		ome - Gifts - schedule attached
Schedule B - Real Property – schedul	e attached	ome - Gifts - Travel Payments - schedule attached
-or- ☑ None - No reportable interests or	ı any schedule	
5. Verification		
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public Docu P.O. box 3070	Garden Grove	CA 92842
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS	OA 32042
(714) 741-5035		rden-grove.ca.us
I have used all reasonable diligence in preparin herein and in any attached schedules is true a	g this statement. I have reviewed this statement and complete. I acknowledge this is a public docu	and to the best of my knowledge the information contained ument.
I certify under penalty of perjury under the	laws of the State of California that the foregoi	ing is true and correct.
2/2/2-1	۶	```
Date Signed 3/7/20/	Signature	
(month, day, year)		(File the originally signed statement with your filing official.)

Date Initial Filing Received STATEMENT OF ECONOMIC INTEREST SCEIVED

COVER PAGE

CITY OF GARDEN GROVE CITY CLERK'S OFFICE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	ZUI6 MAR	-/ PM 5: (NOPOLE)
BARKER	HICHAEL		CURTIS
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
CITY OF GARDEN	1 GROVE	PLANNING COMMI	SSIONER
Division, Board, Department, District, if a	pplicable	Your Position	
PLANNING COMM	IISSION		
▶ If filing for multiple positions, list below	w or on an attachment. (Do not use	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at	t least one box)		
☐ State	,	☐ Judge or Court Commissioner (Statewide Jurisdiction
Multi-County		<u></u>	•
Scity of GARDEN GROV	15	County of	
City of Charles V	Canada	Other	
3. Type of Statement (Check at lea	st one box)		
Annual: The period covered is January December 31, 2015.	uary 1, 2015, through	Leaving Office: Date Left (Check one)	
-or- The period covered is December 31, 2015.	_/	 The period covered is Januleaving office. 	ary 1, 2015, through the date of
Assuming Office: Date assumed _	1,26,2016		, through
Candidate: Election year	and office sought, if d	ifferent than Part 1:	
4. Schedule Summary (must co Schedules attached □ Schedule A-1 - Investments - sch □ Schedule A-2 - Investments - sch □ Schedule B - Real Property - sch -or- □ None - No reportable interest.	nedule attached Management Manage	Schedule C - Income, Loans, & Busine Schedule D - Income - Gifts - schedul Schedule E - Income - Gifts - Travel I	ess <i>Positions</i> – schedule attached le attached
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY : Document)	STATE	ZIP CODE
11801 OLD FASHION	, ,	POVE CA.	92840
DAYTIME TELEPHONE NUMBER	E	-MAIL ADDRESS	
(714) 801-9842		mcbarker e pacb	
I have used all reasonable diligence in pre- herein and in any attached schedules is tr	paring this statement. I have review the and complete. I acknowledge th	ed this statement and to the best of my lis is a public document.	knowledge the information contained
I certify under penalty of perjury under	the laws of the State of California	that the foregoing is true and correct	ct.
Date Signed 3/7/2016	Sig	nature //Elle the circle is lived and add	
(monar, oby, year)		(File the originally signed state	arrieru wiliri your ming official.)

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORI	NIA FORM	70	0
Name			
MICHAEL	BARVE	P	

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
MICHAEL C. BARKER Name 11801 OLD FASHION WAY, G.G. CA. 92840 Address (Business Address Acceptable)	
Name	Name
Address (Business Address Acceptable)	
Check one	Address (Business Address Acceptable) 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
ARCHITECTURAL CONSULTANT	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
∑ \$1,999 \$2,000 - \$10,000/15	\$0 - \$1,999
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$2,000 - \$10,000/15
\$100,001' - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole ProprietorshipOther	Partnership Sole ProprietorshipOther
YOUR BUSINESS POSITION OWNER	
	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)
S0 - \$499 X \$10,001 - \$100,000	
S500 - \$1,000 OVER \$100,000	\$10,000 - \$499 \$10,000 = \$100,000 OVER \$100,000
\$1,001 - \$10,000	\$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.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
KTGY GROUP INC.	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
Check one box:	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> 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
	5. Substitutions of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	City or Other Precise Location of Real Property
\$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000	\$10,001 - \$100,000/
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	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
	1
Comments:	FPPC Form 700 (2015/2016) Sch. A-2

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

CALIF	ORNIA	\ FOF	SIM	70)0
	ITICAL PI			MMISSI	ИС
Mic	HARL	BA	eke	2	

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
GARDEN GROVE ELKS LODGE \$1952	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
11551 TUSK AVE. GG, CA. 92643	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
·	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
BARTENDETZ	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$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	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.)
Loan repayment	Loan repayment .
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	Other
(Describe)	(Describe)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER * Volume and required to report loans from several includes the report loans.	27.50
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's
regular searce of eachiese must be disclosed as follow.	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	
\[\\$1,001 - \\$10,000	Слу
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other
	(Describe)
Comments:	



STATEMENT OF ECONOMIC INTERESTS IVED COVER PAGE CITY OF GARDEN GROVE CITY CLERK'S OFFICE

Date Initial Filing Received

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	2016 MAR - 7 PM 12: OWIDDLE)
Margolin	Constance	
1. Office, Agency, or Court		
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 a	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 Garden Grove		
[▼] City of		Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2015 December 31, 2015.	5, through	Leaving Office: Date Left/(Check one)
The period covered is/	, through	 The period covered is January 1, 2015, through the date of leaving office. -or-
Assuming Office: Date assumed/		The period covered is/, through the date of leaving office.
Candidate: Election year	and office sought, if dif	ferent than Part 1:
4. Schedule Summary (must complete)	► Total number o	f pages including this cover page: 1
Schedules attached		
☐ Schedule A-1 - Investments - schedule attac ☐ Schedule A-2 - Investments - schedule attace	aga ggar ang atra ata ag ar i,	Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached
Schedule B - Real Property – schedule attac	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-		Schedule diddied
✓ None - No reportable interests on any	schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
P.O. Box 3070	Garden Grove	⊝ CA 92840
DAYTIME TELEPHONE NUMBER		MAIL ADDRESS
(714) 741-5035	F	xathyb@ci.garden-grove.ca.us
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and cor	statement. I have reviewe mplete. I acknowledge this	d this statement and to the best of my knowledge the information contained s is a public document.
I certify under penalty of perjury under the laws of	of the State of California	that the foregoing is true and correct.
Date Signed 3 - 4 - 20 16	Sign	nature Okm
(month, day, year)		(File the originally signed statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTANDEN GROVE COVER PAGE CITY CLERK'S OFFICE

Please type or print in ink. 2014 MAR IN (FIRST) NAME OF FILER (LAST) O'Neill John 1. Office, Agency, or Court 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) Position: _ Agency: __ 2. Jurisdiction of Office (Check at least one box) Judge or Court Commissioner (Statewide Jurisdiction) ☐ State County of _____ ✓ City of Garden Grove 3. Type of Statement (Check at least one box) Leaving Office: Date Left _____/___ Annual: The period covered is January 1, 2015, through (Check one) December 31, 2015. -or-O The period covered is January 1, 2015, through the date of The period covered is ______, through leaving office. December 31, 2015. O The period covered is _______, through Assuming Office: Date assumed ____/____ the date of leaving office. Candidate: Election year ___ _____ and office sought, if different than Part 1: ___ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1 Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - 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) Garden Grove CA 92840 P.O. Box 3070 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS kathyb@ci.garden-grove.ca.us (714) 741-5035 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. Signature _ **Date Signed** (File the originally signed statement with your filing official.)

3/28/2016

Date Signed __

STATEMENT OF ECONOMIC INTERESTS ED

COVER PAGE

CITY OF GARDEN GROVE CITY CLERK'S OFFICE

Date Initial Filing Received

Please type or print in ink. NAME OF FILER (LAST) (FIRST) 2006 MAR 31 AM 9: 25(MIDDLE) Paredes Mark Anthony Reynoso 1. Office, Agency, or Court 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: _ 2. Jurisdiction of Office (Check at least one box) State Judge or Court Commissioner (Statewide Jurisdiction) ☐ Multi-County ___ County of _____ Other ___ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left ____/___ December 31, 2015. (Check one) O The period covered is January 1, 2015, through the date of The period covered is ____/___ leaving office. December 31, 2015. O The period covered is ____ the date of leaving office. Candidate: Election year ____ and office sought, if different than Part 1: ___ 4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 1 Schedules attached 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-✓ None - No reportable interests on any schedule Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) P.O. Box 3070 Garden Grove CA 92840 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.

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS EIVED

COVER PAGE

CITY OF GARDEN GROVE CITY CLERK'S OFFICE

Date Initial Filing Received

Please type or print in ink. NAME OF FILER (LAST) (FIRST) 2016 MAR 21 PM 2: (Mapple) Zamora Linda R 1. Office, Agency, or Court 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: __ 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County ___ County of _____ ✓ City of Garden Grove 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left ____/___ December 31, 2015. (Check one) -or-O The period covered is January 1, 2015, through the date of The period covered is ______, through leaving office. December 31, 2015. Assuming Office: Date assumed _______ O The period covered is ______, through the date of leaving office. Candidate: Election year _____ and office sought, if different than Part 1: ____ Schedules attached 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-☐ **None** - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) P.O. Box 3070 Garden Grove CA 92840 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 to Date Signed 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)

CALI	IFORN OLITICAL	IIA FC - PRACT	RM ICES C	7 Ommis	
Name					

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Name Name Carry vage Svcs. lines	
13274 Taff St. Coorden Grove 92843	Name
Check one	Address (Business Address Acceptable) Check one
Trust, go to 2 Susiness 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
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000
S100,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000	\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship
YOUR BUSINESS POSITION President (CEO	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) \$0 - \$499 \$10,001 - \$100,000	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$1,001 - \$100,000 \$1,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	\$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	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
INVESTMENT REAL PROPERTY	Check one box: INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, or	
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 or
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	City or Other Precise Location of Real Property FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Dood of Trust To a control of Trust
Leasehold Other	Property Ownership/Deed of Trust Stock Partnership Leasehold Other
Yrs. remaining Check box if additional schedules reporting investments or real property	Yrs, remaining
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)

CALII	FORN		7 Omniss) ()
Name				

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
I Derican language Services. Unc.	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
13274 Taff Street, (66 92843	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Interpreting - Translation Sics	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
President (CEO	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000	\$500 - \$1,000 \$1,001 - \$10,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	\$10,001 - \$100,000 OVER \$100,000
Salary Spouse's or registered domestic partner's income	CONSIDERATION FOR WHICH INCOME WAS RECEIVED 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.) Loan repayment	(Real property, car, boat, etc.)
	Loan repayment
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	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's second.
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Association)	%
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAD
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN None Personal residence
DUSINESS ACTIVITY, IF ANY, OF LENDER	
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Sheet audress
<u>\$500 - \$1,000</u>	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	

STATEMENT OF ECONOMIC INTEREST SARDEN & GROVE Filing Received

COVER PAGE

2016 MAR -3 PM 3: 56

Notice Agency First Fi	Ple	ease type or print in ink.		ZOID TIMIN	3 111 3. 30
1. Office, Agency, or Court Agency Nama (Do not use acronyms) City of Garden Grove Division, Beard, Desidrent, Délaid, if applicable Police Department Filling for multiple positions, list below or on an attachment. (Do not use acronyms) Agency	NA	ME OF FILER (LAST)	(FIRST)		(MIDDLE)
Agency Name (Do not use acronyms) City of Garden Grove Division, Board, Department District, if applicable Your Position Police Department If filling for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: 2. Jurisdiction of Office (Check at feast one box) State State State State State State Statement (Check at feast one box) Statement (Check at feast one	El	lgin	Todd	[D
City of Garden Grove Dission, Board, Department Police Department If filing for multiple positions, list below or on an attachment. (Co not use acronyms) Agency: Position: Position: 2. Jurisdiction of Office (Check at least one box) State Multi-County City of Garden Grove Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through December 31, 2015. 1. The period covered is January 1, 2015, through December 31, 2015. 1. The period covered is January 1, 2015, through December 31, 2015. 1. Assuming Office: Date assumed Candidate: Election year and office sought, if different than Part 1: 4. Schedule Summary (must complete) Schedule A1 - Innestments - schedule attached Schedule A2 - Investments - schedule attached Schedule A1 - Innestments - schedule attached Schedule B - Real Property - schedule attached Or- Norman State - Schedule A1 - Innestments - schedule attached Or- Norman State - Schedule A1 - Innestments - schedule attached Or- Norman State - Schedule A1 - Innestments - schedule attached Or- Norman State - Schedule A1 - Innestments - schedule attached Or- Norman State - Schedule A1 - Innestments - schedule attached Or- Norman State - Schedule A1 - Innestments - schedule attached Or- Norman State - Schedule A1 - Innestments - schedule attached Or- Norman State - Schedule A1 - Innestments - schedule attached Or- Norman State - Schedule A1 - Innestments - schedule attached Or- Norman State - Schedule A1 - Innestments - schedule attached Or- Norman State - Schedule A1 - Innestments - schedule attached Or- Norman State - Schedule A1 - Innestments - Schedule A1	1.	Office, Agency, or Court			
Division, Board, Department District, if applicable Your Position Police Department Police Department Police Department Police Department		Agency Name (Do not use acronyms)			
Police Department If filling 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 Monti-County Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through December 31, 2015. The period covered is January 1, 2015, through December 31, 2015. OT Assuming Office: Date Left (Check one) OThe period covered is January 1, 2015, through the date of leaving office. Assuming Office: Date assumed The period covered is January 1, 2015, through the date of leaving office. Assuming Office: Date assumed The period covered is January 1, 2015, through the date of leaving office. The period covered is January 1, 2015, through the date of leaving office. The period covered is January 1, 2015, through the date of leaving office. The period covered is January 1, 2015, through the date of leaving office. The period covered is January 1, 2015, through the date of leaving office. The period covered is January 1, 2015, through the date of leaving office. The period covered is January 1, 2015, through the date of leaving office. The period covered is January 1, 2015, through the date of leaving office. The period covered is January 1, 2015, through the date of leaving office. The period covered is January 1, 2015, through the date of leaving office. The period covered is January 1, 2015, through the date of leaving office. The period covered is January 1, 2015, through the date of leaving office. The period covered is January 1, 2015, through the date of leaving office. The period covered is January 1, 2015, through the date of leaving office. The period covered is January 1, 2015, through the date of leaving office. The period covered is January 1, 2015, through the date of leaving office. The period covered is January 1, 2015, through the date of leaving office. The period covered is January 1, 2015, through the date of leaving office. The period covered i		City of Garden Grove			
If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency:		Division, Board, Department, District, if applicable	!	Your Position	
Agency:		Police Department		Chief of Police	
2. Jurisdiction of Office (Check at least one box) State		▶ If filing for multiple positions, list below or on	an attachment. (Do not use	acronyms)	
State		Agency:		Position:	
Multi-County City of Garden Grove Other	2.	Jurisdiction of Office (Check at least of	one box)		
Statement (Check at least one box)		State		☐ Judge or Court Commissioner (S	tatewide Jurisdiction)
Statement (Check at least one box)		Multi-County		County of	
3. Type of Statement (Check at least one box) ✓ Annual: The period covered is January 1, 2015, through December 31, 2015. -or- The period covered is, through December 31, 2015. —or- The period covered is, through December 31, 2015. —or- The period covered is, through December 31, 2015. —or- The period covered is January 1, 2015, through the date of leaving office. —or- The period covered is, through the date of leaving office. —or- The period covered is January 1, 2015, through the date of leaving office. —or- The period covered is January 1, 2015, through the date of leaving office. —or- Schedule Summary (must complete) ► Total number of pages including this cover page: Schedules attached — Schedule A1 - Investments – schedule attached — Schedule C - Income, Loans, & Business Positions – schedule attached — Schedule B - Real Property – schedule attached — Schedule D - Income – Gifts – Schedule attached — Schedule B - Real Property – schedule attached — Schedule E - Income – Gifts – Travel Payments – schedule attached — Schedule B - Nor reportable interests on any schedule Schedule E - Income – Gifts – Travel Payments – schedule attached — Schedule E - Income – Gifts – Travel Payments – schedule attached — Schedule E - Income – Gifts – Travel Payments – schedule attached — Schedule E - Income – Gifts – Travel Payments – schedule attached — Schedule E - Income – Gifts – Travel Payments – schedule attached — Schedule E - Income – Gifts – Travel Payments – schedule attached — Schedule E - Income – Gifts – Travel Payments – schedule attached — Schedule E - Income – Gifts – Travel Payments – schedule attached — Schedule E - Income – Gifts – Travel Payments – schedule attached — Schedule E - Income – Gifts – Travel Payments – schedule attached — Schedule E - Income – Gifts – Travel Payments – schedule attached — Schedule E - Income – Gifts – Travel Payments – schedule attached — Schedule E - Income – Gifts – Travel Payments – schedule attached — Schedule E - Income – Gift		·			
Annual: The period covered is January 1, 2015, through December 31, 2015. "Or The period covered is, through December 31, 2015. "The period covered is, through December 31, 2015. "Assuming Office: Date assumed, through December 31, 2015. "Assuming Office: Date Left, Through The period covered is, through the date of leaving office. "Assuming Office: Date Left, through December 31, 2015. "The period covered is January 1, 2015, through the date of leaving office. "The period covered is January 1, 2015, through the date of leaving office. "The period covered is January 1, 2015, through the date of leaving office. "The period covered is January 1, 2015, through the date of leaving office. "The period covered is January 1, 2015, through the date of leaving office. "The period covered is January 1, 2015, through the leaving office. "The period covered is, through the date of leaving office. "The period covered is, through the date of leaving office. "The period covered is, through the date of leaving office. "The period covered is, through the date of leaving office. "The period covered is, through the date of leaving office. "The period covered is, through the date of leaving office. "The period covered is, through the date of leaving office. "The period covered is, through the date of leaving office. "The period covered is, through the date of leaving office. "The period covered is, through the date of leaving office. "The period covered is, through the date of leaving office. "The period covered is, through the date of leaving offi		Je Jordy Of			
December 31, 2015. The period covered is	3.	Type of Statement (Check at least one	box)		
The period covered is			2015, through		
Assuming Office: Date assumed		The period covered is/	/, through	leaving office.	ry 1, 2015, through the date of
4. Schedule Summary (must complete) ► Total number of pages including this cover page: Schedules attached Schedule A-1 · Investments – schedule attached Schedule C · Income, Loans, & Business Positions – schedule attached Schedule D · Income – Gifts – schedule attached Schedule B · Real Property – 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) 11301 Acacia Parkway Garden Grove DAYTIME TELEPHONE NUMBER (714) 741-5901 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 O3/01/2016 Signature Schedule C · Income - Gifts - Schedule attached Schedule D · Income - Gifts - Travel Payments - schedule attached Schedule D · Income - Gifts - Travel Payments - schedule attached Schedule E · Income - Gifts - Travel Payments - schedule attached Schedule E · Income - Gifts - Travel Payments - schedule attached CITY STATE ZIP CODE Lachall ADDRESS todde@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. Schedule D · Income - Gifts - Income - Gifts - Travel Payments - schedule attached Schedule E · Income - Gifts - Travel Payments - schedule attached Schedule E · Income - Gifts - Travel Payments - Schedule attached Schedule E · Income - Gifts - Travel Payments - Schedule attached CITY STATE STATE SIGNATION STATE SIGNATION STATE SIGNATION STATE SIGNATION STATE SIGNATION STATE SIGNAT		Assuming Office: Date assumed		The period covered is	, through
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 OT- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 11301 Acacia Parkway Garden Grove CA 92842 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (714) 741-5901 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 O3/01/2016 Signature		Candidate: Election year	and office sought, if d	ifferent than Part 1:	
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 OT- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 11301 Acacia Parkway Garden Grove CA 92842 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (714) 741-5901 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 O3/01/2016 Signature	4.	Schedule Summary (must comple	te) ► Total number (of pages including this cover p	age:
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DAYTIME TELEPHONE NUMBER (714) 741-5901 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 O3/01/2016 Signature CA 92842 E-MAIL ADDRESS todde@ci.garden-grove.ca.us 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. Signature	٠.	MAILING ADDRESS STREET		STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER (714) 741-5901 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 O3/01/2016 Signature Date Signed				·ο	02042
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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 03/01/2016 Signature		I have used all reasonable diligence in preparing	this statement. I have review	red this statement and to the best of my k	nowledge the information contained
Date Signed Signature		•			et.
Date Signed Signature		03/01/2016			,δ
		Date Signed	Sig	,	ment with your filing official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing
Received
Official Use Only
RECEIVED
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Please type or print in ink.

NAME OF FILER	(LAST)		(FIRST)	4		DDLE)
Emery		Susan			015 AUG 31	A II: 40
1. Office, Agency, or C	ourt					
Agency Name (Do not use	acronyms)					
City of Garden Grove)					
Division, Board, Department	, District, if applicable		Your Position			No. of the State o
Community Develop	ment		Director			
▶ If filing for multiple position	ons, list below or on an attachn	nent. (Do not use	acronyms)			
Agency:			Position:			p. n. gr
2. Jurisdiction of Office	Ce (Check at least one box)			de de la 2007 de comitiva de la Sandri de Commune marie a commissió de comitiva de la comitiva de la Combinada		
☐ State			☐ Judge or Co	ourt Commissioner (Statewide Jurisdic	tion)
☐ Multi-County			County of _			
City of Garden Grov						
Y Olly OI						
3. Type of Statement	Check at least one box)				-	
Annual: The period co	overed is January 1, 2014, throu , 2014.	ıgh	Leaving Of (Check one	ffice: Date Left $\frac{0}{2}$	9 04 20	115
-or- The period conditions to the period conditions of the period con	overed is	, through	O The per leaving	riod covered is Janu office.	ary 1, 2014, throu	igh the date of
Assuming Office: Date	e assumed		•	riod covered is e of leaving office.		, through
Candidate: Election ye	ear and	office sought, if of	different than Part 1:			
4. Schedule Summary						
Check applicable sch	edules or "None."	➤ Total	number of page	es including this	s cover page:	E-Months and a second
Schedule A-1 - Investr	nents – schedule attached	Γ	Schedule C - Inc	come, Loans, & Bus	iness Positions -	schedule attached
	nents – schedule attached		 Schedule D - Inc	come – Gifts – sche	dule attached	
Schedule B - Real Pro	perty - schedule attached		Schedule E - Inc	come – Gifts – Trave	el Payments – sch	edule attached
		-or-				
	✓ None - No	reportable interes	sts on any schedule			
5. Verification						
MAILING ADDRESS (Business or Agency Address Reco	STREET mmended - Public Document)	CITY		STATE	ZIP COI	DE
11222 Acacia Parkw	<i>y</i> ay	Garden Gro	ve	CA .	92840	
DAYTIME TELEPHONE NUMBER			E-MAIL ADDRESS			
(714) 741-5148	(P)	(1		rden-grove.ca.u		
herein and in any attached	diligence in preparing this statem schedules is true and complete	. I acknowledge t	this is a public docur	ment.		ormation contained
I certify under penalty of	perjury under the laws of the	State of Californ	ia that the foregoin	g is true and corre	ect.	
Date Signed	1/15	Si	gnature <u>Sie</u>	sen E	ne	
	(month, day, year)		(File the originally signed sta	tement with your filing off	cial.)

STATEMENT OF ECONOMIC INTERESTALK'S OFFICE TIONS OF STATEMENT OF ECONOMIC INTERESTALK'S OFFICE TO THE STATEMENT OF THE STAT

COVER PAGE

2016 FEB 29 AM 8: 38

Please type or print in ink.	Taia (FD X) Yu O. 20
NAME OF FILER (LAST) (FIRST	T) (MIDDLE)
Hill	Karl J.
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
Garden Grove City Hall	
Division, Board, Department, District, if applicable	Your Position
Community Development Department	Planning Services Manager
▶ If filling 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	
✓ City of Garden Grove, CA	•
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2015, through December 31, 2015.	Leaving Office: Date Left/(Check one)
The period covered is/	through O The period covered is January 1, 2015, through the date of leaving office.
Assuming Office: Date assumed	
Candidate: Election year and office	sought, if different than Part 1:
4. Schedule Summary (must complete) ► Total Schedules attached	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-	
✓ 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 Gar	rden Grove CA 92840
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(714) 741-5323	karlh@garden-grove.org
I have used all reasonable diligence in preparing this statement. I herein and in any attached schedules is true and complete. I ack	have reviewed this statement and to the best of my knowledge the information contained knowledge 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 <u>02/29/2016</u>	Signature Land ASCH
(month, day, year)	(File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS RDEN GROVETICAL Use Only CITY CLERK'S OFFICE

COVER PAGE

Please type or print in ink.	2016 MAR -2 PM 3: 09	
NAME OF FILER (LAST)	· (FIRST)	(MIDDLE)
Huy	Kimberly	Α .
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Garden Grove		
Division, Board, Department, District, if applicable		Your Position
		City Treasurer
▶ If filling for multiple positions, list below or on an attack	chment. (Do not use a	acronyms)
Agency:		Position:
Lucialistics of Office (s. 1911)		
. Jurisdiction of Office (Check at least one box	9	
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of Garden Grove		Other
. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2015, the December 31, 2015.	rough	Leaving Office: Date Left/(Check one)
The period covered is/	, through	 The period covered is January 1, 2015, through the date of leaving office.
Assuming Office: Date assumed		The period covered is, through the date of leaving office.
Candidate: Election year a	and office sought, if diffe	ferent than Part 1:
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Verification		
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public Document) P.O. Box 3070	Garden Grove	CA 92842
DAYTIME TELEPHONE NUMBER		MAIL ADDRESS
(714) 741-5035		athyb@ci.garden-grove.ca.us
	ement. 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		
Date Signed 3/8/16		
(month, day, year)	_ Signa	(File the originally signed statement with your filing official)

RECEIVED Initial Filling Received STATEMENT OF ECONOMIC INTERESTS GARDEN GROWLUSS ONLY CITY CLERK'S OFFICE

COVER PAGE

2016 FEB 26 PM 4: 28

Please type or print in ink.		2016 FEB 26 PM 4: 28
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Kalil	Charles	David
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Garden Grove		
Division, Board, Department, District, if applicable		Your Position
Information Technology		Information Technology Director
▶ If filing for multiple positions, list below or on an a	ttachment. (Do not use ac	cronyms)
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
E ony or		
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2015 December 31, 2015.	, through	Leaving Office: Date Left//(Check one)
The period covered is/	, through	 The period covered is January 1, 2015, through the date of leaving office. -or-
Assuming Office: Date assumed/	J	The period covered is/, through the date of leaving office.
Candidate: Election year	and office sought, if diffe	erent than Part 1:
4. Schedule Summary (must complete) Schedules attached	▶ Total number of	pages including this cover page: 1
Schedule A-1 - Investments - schedule attac	hed S	chedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule A-2 - Investments - schedule attac	hed S	chedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule attac	hed S	chedule 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		MAIL ADDRESS
(714) 741-5095	cl	harlesk@ci.garden-grove.ca.us
I have used all reasonable diligence in preparing this sherein and in any attached schedules is true and con		this statement and to the best of my knowledge the information contained is a public document.
I certify under penalty of perjury under the laws of	of the State of California	that the foregoing is true and correct.
Date Signed 02/26/2016	Sign:	afure / lee for
(month, day, year)	2.5	(File the originally signed statement with your filing official.)

Please type or print in ink.

RECEIVED STATEMENT OF ECONOMIC INTERESTS ARDEN GROWN Use Only CITY CLERK'S OFFICE COVER PAGE

2016 HAR 29 AM 10: 44

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Murray, Jr.	William	E	Earl
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
The City of Garden Grove			
Division, Board, Department, District, if a	applicable Your	Position	
The Public Works Department	Pul	olic Works Director	
▶ If filing for multiple positions, list belo	w or on an attachment. (Do not use acronyms)		
Agency:	Pos	ition:	
2. Jurisdiction of Office (Check	at least one box)		
State	☐ Juc	dge or Court Commissioner (St	tatewide Jurisdiction)
Multi-County	⊡ Co	unty of	
☑ City of Garden Grove			
V Oily of	U	lei	
3. Type of Statement (Check at le	ast one box)		
Annual: The period covered is Jan December 31, 2015.		eaving Office: Date Left Check one)	
-or- The period covered is December 31, 2015.		leaving office.	ry 1, 2015, through the date of
Assuming Office: Date assumed			, through
Candidate: Election year	and office sought, if different that	n Part 1:	
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Schedule A-2 - Investments - s		D - Income - Gifts - schedule	
☐ Schedule B - Real Property – s		E - Income – Gifts – Travel Pa	
-or-			
✓ None - No reportable interes	sts on any schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Pul 13802 Newhope	Garden Grove	CA	92843
DAYTIME TELEPHONE NUMBER	E-MAIL ADDR		02040
(714) 741-5379	wem@ç	arden-grove.org	
	reparing this statement. I have reviewed this state true and complete. I acknowledge this is a pub		nowledge the information contained
I certify under penalty of perjury und	er the laws of the State of California that the	foregoing is true and correc	t.
00/00/0040		1/1	1//
Date Signed 03/28/2016	Signature	All the state of t	mont with vote films official?
(month, day, ye.	11)	File the originally signed states	
		/ //	FPPC Form 700 (2015/2016)

FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov



Date Initial Filing Received STATEMENT OF ECONOMIC INTERESTS

COVER PAGELITY CLERK'S OFFICE Please type or print in ink. NAME OF FILER (LAST) Okereke Kingsley 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Garden Grove Division, Board, Department, District, if applicable Your Position Assistant City Manager ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: _ 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, 2015, through Leaving Office: Date Left _____/___ December 31, 2015. (Check one) -Or-O The period covered is January 1, 2015, through the date of The period covered is ____ leaving office. December 31, 2015. O The period covered is ________ through Assuming Office: Date assumed _____/___ the date of leaving office. Candidate: Election year __ and office sought, if different than Part 1: ___ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: _ Schedules attached 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-None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 11222 Acacia Parkway Garden Grove CA 92842 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (714)741-5062 kingsley@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 04/04/2016

Signature

(month, day, year)

Official Use Only

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE CITY OF GARDEN GROVE

Please type or print in ink. NAME OF FILER (LAST) (FIRST) 7016 MAR IS PM 4: 30 (MIDDLE) Schultz Tom R 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Garden Grove Division, Board, Department, District, if applicable Your Position Fire Chief ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: ___ 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) County of _____ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left ____/___ December 31, 2015, (Check one) -or-O The period covered is January 1, 2015, through the date of The period covered is _______, through December 31, 2015. leaving office. O The period covered is ______, through Assuming Office: Date assumed __________ the date of leaving office. and office sought, if different than Part 1: _ Candidate: Election year ___ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1 Schedules attached 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-✓ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 11301 Acacia Parkway, Garden Grove Ca 92840 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (714) 741-5618 toms@gardengrovefire.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 <u>03/15/2016</u> Signature . (month, day, year) (File the originally signed statement with your filing official.)

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS CITY OF GARDEN GROVE COVER PAGECLERK'S OFFICE

Date Initial Filing Received

Please type or print in ink. NAME OF FILER (LAST) 7016 1 LU 29 PM 2. 51 (FIRST) (MIDDLE) Stipe Maria Ann 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Garden Grove Deputy City Manager Division, Board, Department, District, if applicable Your Position ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: __ 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County _ County of ____ Other ___ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left ____/____ December 31, 2015. (Check one) -or-O The period covered is January 1, 2015, through the date of The period covered is ____ leaving office. December 31, 2015. O The period covered is ___ Assuming Office: Date assumed _____/_ the date of leaving office. Candidate: Election year _ and office sought, if different than Part 1: ___ .4. Schedule Summary (must complete) ► Total number of pages including this cover page: __ Schedules attached 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 ✓ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 11222 Acacia Parkway Garden Grove CA 92840 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (714)741-5106 marias@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 02/26/2016 Signature

tement with your filing official.)

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STATEMENT OF ECONOMIC INTERESTSARDEN STATEMENT O

COVER PAGE

2016 MAR -3 AM 10: 43 Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Stiles C Scott 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's Office 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) ☐ 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, 2015, through Leaving Office: Date Left ______ December 31, 2015. (Check one) O The period covered is January 1, 2015, through the date of The period covered is _ December 31, 2015. leaving office. Assuming Office: Date assumed 8,3,20/5 O The period covered is ___ the date of leaving office. and office sought, if different than Part 1: _ Candidate: Election year _ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: Schedules attached 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-✓ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STREET STATE ZIP CODE (Business or Agency Address Recommended - Public Document) P.O. Box 3070 Garden Grove CA 92840 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. Signature_ (month, day, year) (File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTEREST RECEIVED ate Initial Filing Received COVER PAGE RECEIVED ate Initial Filing Received CITY CLERK'S OFFICE

Please type or print in ink.		2014 MAR 14	AM 10: 07
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Stover	՝ Laura		Janell
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Division, Board, Department, District, if applicab	le	Your Position	
▶ If filing for multiple positions, list below or on	an attachment. (Do not use acrony	rms)	, <u>, , , , , , , , , , , , , , , , , , </u>
Agency:		Position:	
2. Jurisdiction of Office (Check at least	one box)		
☐ State	, Г	Judge or Court Commissioner (S	tatewide Jurisdiction)
☐ Multi-County		County of	•
		_	
City of		Other	
3. Type of Statement (Check at least one	box)		
Annual: The period covered is January 1, December 31, 2015.	2015, through	Leaving Office: Date Left (Check one)	
The period covered is/ December 31, 2015.	, through	The period covered is Janua leaving officeoror-	ry 1, 2015, through the date of
Assuming Office: Date assumed		The period covered is the date of leaving office.	J, through
Candidate: Election year	and office sought, if different	-	
4. Schedule Summary (must comple	ete) > Total number of page	ges including this cover pa	are.
Schedules attached			
Schedule A-1 - Investments – schedule	attached Sched	lule C - Income, Loans, & Busines	ss Positions – schedule attached
Schedule A-2 - Investments – schedule		lule D - Income - Gifts - schedule	
Schedule B - Real Property - schedule	attached Sched	lule E - Income - Gifts - Travel P	ayments – schedüle attached
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✓ None - No reportable interests on	any schedule		1000年,1000年
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docum	CITY nent)	STATE	ZIP CODE
11222 Acacia Parkway	Garden Grove	CA	92840
DAYTIME TELEPHONE NUMBER		ADDRESS	
(714) 741-5010		is@ci.garden-grove.ca.us	
I have used all reasonable diligence in preparing herein and in any attached schedules is true ar	g this statement. I have reviewed this and complete. I acknowledge this is a	statement and to the best of my k public document.	nowledge the information contained
I certify under penalty of perjury under the I	aws of the State of California that	the foregoing is true and correct	t.
Data Signad 03/16/2016		I I A	Forer
Date Signed (month, day, year)	Signature	(File the originally signed state.	ment with your filing official \
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