

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

| | |
|--|--|
| Date Stamp REC CITY OF G CITY CLERK'S OFFICE 2014 OCT 28 A 11:20 | CALIFORNIA 2001/02 FORM 460 |
| | Page _____ of _____ For Official Use Only |

| | |
|---|---|
| Statement covers period from <u>OCT. 1, 14</u> through <u>OCT. 18, 14</u> | Date of election if applicable: (Month, Day, Year) <u>11/4/14</u> |
|---|---|

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall <i>(Also Complete Part 5)</i> | <input type="checkbox"/> Ballot Measure Committee <input type="checkbox"/> Primarily Formed <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored <i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee <i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement <input type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|---|--|

3. Committee Information

I.D. NUMBER
1364313

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
QUANG "MIKE" TRAN FOR GARDEN
GROVE CITY COUNCIL 2014

STREET ADDRESS (NO P.O. BOX)
13137 CASA LINDA LN. #18C
CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
GARDEN GROVE, CA 92840 714-469-3048

12912 BROOKHURST ST. STE. 375
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
GTDINTL@GMAIL.COM

Treasurer(s)

NAME OF TREASURER
QUANG "MIKE" TRAN
MAILING ADDRESS

12912 BROOKHURST ST. STE. 375
CITY STATE ZIP CODE AREA CODE/PHONE

GARDEN GROVE, CA 92840 714-469-3048
NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/27/14
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

Executed on 10/27/14
Date

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page _____ of _____

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

QUANG "MIKE" TRAN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

GARDEN GROVE CITY COUNCIL

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

13137 CASA LINDA LN. #18C

GARDEN GROVE, CA 92840

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME I.D. NUMBER

QUANG "MIKE" TRAN FOR

I.D. NUMBER

1364313

NAME OF TREASURER CONTROLLED COMMITTEE?

2014

YES NO

QUANG "MIKE" TRAN

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

12912 BROOKHURST ST. STE. 315

CITY STATE ZIP CODE AREA CODE/PHONE

GARDEN GROVE, CA 92840 714.469.3018

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>SEP. 1, 14</u> through <u>SEP. 18, 14</u> | CALIFORNIA FORM 460 |
| Page _____ of _____ | I.D. NUMBER <u>1364313</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

QUANG "MIKE" TRAN FOR GARDEN GROVE CITY COUNCIL 2014

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 2. Loans Received Schedule B, Line 3 | <u>0</u> | <u>0</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ <u>0</u> | \$ <u>0</u> |
| 4. Nonmonetary Contributions Schedule C, Line 3 | <u>0</u> | <u>0</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ <u>0</u> | \$ <u>0</u> |

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ <u>0</u> | \$ <u>0</u> |
| 21. Expenditures Made | \$ <u>0</u> | \$ <u>0</u> |

Expenditures Made

| | Column A | Column B |
|---|-------------|-------------|
| 6. Payments Made Schedule E, Line 4 | \$ <u>0</u> | \$ <u>0</u> |
| 7. Loans Made Schedule H, Line 3 | <u>0</u> | <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ <u>0</u> | \$ <u>0</u> |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | <u>0</u> | <u>0</u> |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | <u>0</u> | <u>0</u> |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ <u>0</u> | \$ <u>0</u> |

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ___/___/___ | \$ _____ |
| ___/___/___ | \$ _____ |
| ___/___/___ | \$ _____ |
| ___/___/___ | \$ _____ |
| ___/___/___ | \$ _____ |
| ___/___/___ | \$ _____ |

Current Cash Statement

| | |
|---|-------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ <u>0</u> |
| 13. Cash Receipts Column A, Line 3 above | <u>0</u> |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | <u>0</u> |
| 15. Cash Payments Column A, Line 8 above | <u>0</u> |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>0</u> |

If this is a termination statement, Line 16 must be zero.

| | |
|---|-------------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ <u>0</u> |
|---|-------------|

Cash Equivalents and Outstanding Debts

| | |
|---|-------------|
| 18. Cash Equivalents See instructions on reverse | \$ <u>0</u> |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ <u>0</u> |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.