

Candidate Intention Statement

CANDIDATE INTENTION STATEMENT
CALIFORNIA 501
FORM
For Official Use Only

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CITY OF GARDEN GROVE
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Type or Print in Ink.

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)
Nguyen, Kim

DAYTIME TELEPHONE NUMBER (714) 725-9972 FAX NUMBER (optional) E-MAIL (optional) kimnguyen4ggcouncil116@yahoo.com

STREET ADDRESS 12152 Adrian St #8-202 CITY Garden Grove STATE CA ZIP CODE 92840

OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY: City Council Member Garden Grove District 6

OFFICE JURISDICTION State (Complete Part 2) City County Multi-County: _____ (Name of Multi County Jurisdiction) 2016 (Year of Election)

2. State Candidate Expenditure Limit Statement:

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

(Year of Election) **Primary/general election** _____
(Check one box) **Special runoff election**

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

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

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

3. Verification:

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

Executed on 06/22/2016 Signature _____
(month, day, year) (Candidate)