

Candidate Intention Statement

CALIFORNIA FORM 501
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CITY OF GARDEN GROVE
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Date Stamp
2016 JUL 29 AM 10:03

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) **Nguyen, Vong, X** DAYTIME TELEPHONE NUMBER (714) 2627193 FAX NUMBER () E-MAIL (optional) **votevong@gmail.com**

STREET ADDRESS **13341 Hazel Street** CITY **Garden Grove** STATE **CA** ZIP CODE **92844**

OFFICE SOUGHT (POSITION TITLE) **City Council** AGENCY NAME **Garden Grove** DISTRICT NUMBER, if applicable. **District 3** NON-PARTISAN PARTY:

OFFICE JURISDICTION **Garden Grove City** (Name of Multi-County Jurisdiction) **2016** (Year of Election)

State (Complete Part 2) City County Multi-County:

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 07/26/2016 Signature 
(month, day, year) (Candidate)