

**Recipient Committee
Campaign Statement
Cover Page**

Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA
FORM

460

Date Stamp
 RECEIVED
 CITY OF GARDEN GROVE
 CITY CLERK'S OFFICE
 2013 JAN -8 P 1:40

Page 1 of 6

(For Official Use Only)

Type or print in ink.

Date of election if applicable:
(Month, Day, Year)
11/6/2012

Statement covers period
from 10/1/2012
through 10/20/2012

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

Expenditures were not correct on original

Committee Information

I.D. NUMBER
1352052

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Jenny Nguyen for City Council 2012

Treasurer(s)

NAME OF TREASURER
James R Benson
MAILING ADDRESS
11382 Trask Ave

STREET ADDRESS (NO P.O. BOX)
12042 Gilbert St # 8
CITY Garden Grove STATE Ca ZIP CODE 92841 AREA CODE/PHONE 714-887-3781
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
11382 Trask Ave

CITY Garden Grove STATE Ca ZIP CODE 92843 AREA CODE/PHONE 714-396-6199
NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS

CITY Garden Grove STATE Ca ZIP CODE 92843 AREA CODE/PHONE 714-396-6199
OPTIONAL: FAX / E-MAIL ADDRESS

CITY Garden Grove STATE Ca ZIP CODE 92843 AREA CODE/PHONE 714-396-6199
OPTIONAL: FAX / E-MAIL ADDRESS

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 12/29/2012 Date
By [Signature] Signature of Treasurer or Assistant Treasurer
Executed on 12/29/2012 Date
By [Signature] Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ Date
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent
Executed on _____ Date
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

Page 2 of 6

6. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Jenny Nguyen

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
120452 Gilbert St #8 Garden Grove Ca 92841

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
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 Candidate/Officeholder 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 10/1/2012 through 10/20/2012		CALIFORNIA FORM 460	
Page 3 of 6		I.D. NUMBER 1352052	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jenny Nguyen for City Council 2012

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions Schedule A, Line 3	\$ 6499.00	\$ 6499.00
Loans Received Schedule B, Line 3		
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 6499.00	\$ 6499.00
Nonmonetary Contributions Schedule C, Line 3		
TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 6499.00	\$ 6499.00

**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 \$ _____

21. Expenditures Made \$ _____

Expenditures Made

Payments Made Schedule E, Line 4	\$ 3417.10	\$ 3417.10
Loans Made Schedule H, Line 3		
SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 3417.10	\$ 3417.10
Accrued Expenses (Unpaid Bills) Schedule F, Line 3		
0. Nonmonetary Adjustment Schedule C, Line 3		
1. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 3417.10	\$ 3417.10

**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

2. Beginning Cash Balance Previous Summary Page, Line 16	\$ 0.00
3. Cash Receipts Column A, Line 3 above	6499.00
4. Miscellaneous Increases to Cash Schedule I, Line 4	
5. Cash Payments Column A, Line 8 above	3417.10
6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 3081.90

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

7. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ _____
Cash Equivalents and Outstanding Debts	
8. Cash Equivalents See instructions on reverse	\$ _____
9. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____

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).

*Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

CALIFORNIA
FORM **460**

Statement covers period
from 10/1/12

through 10/20/12
Page 4 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jenny Nguyen for City Council 2012

I.D. NUMBER

1352052

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/20/12	Mall of Fortune 9113 Bolsa Ave, Suite # 228 Westminster, Ca 92683	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00
10/11/12	Garden Grove Hyundai 9898 Trask Ave Garden grove, Ca 92844	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000.00	5000.00	5000.00
10/11/12	Tuan Tran 1105 Burns Ave Santa Ana 92707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GIO Restaurant	999.00	999.00	999.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				6499.00		

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.)

\$ 6499.00

2. Amount received this period - unitemized monetary contributions of less than \$100

\$

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)

TOTAL \$ 6499.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule E
Payments Made**

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

Statement covers period
from 10/1/2012
through 10/20/2012
Page 5 of 6
I.D. NUMBER
1352052

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Jenny Nguyen for City Council 2012

ODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
NS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
TB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
VC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
L	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
ND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
ID	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
EG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
T	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
James Benson 11382 Trask Ave Garden Grove Ca 92843	PRO		Payment for Treasury Services	350.00
Asian American Voter Guide 9877 Chapman Ave # D 192 Garden Grove Ca 92841	LIT		Slate Mailer	1000.00
Loc Doan 3402 Satinwood Circle Westminster Ca 92683	MTG		Translation Services	300.00
			SUBTOTAL \$	1650.00

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.) \$ 3417.10
 Unitemized payments made this period of under \$100 \$ _____
 Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
 Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 3417.10

**Schedule E
Continuation Sheet)
Payments Made**

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

SCHEDULE E (CONT.)

**CALIFORNIA
FORM
460**

Page 6 of 6

Statement covers period
from 10/1/2012
through 10/20/2012

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Jenny Nguyen for City Council 2012

I.D. NUMBER
1352052

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | | | | |
|----|---|-----|---|-----|---|
| MP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| NS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| TB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| VC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| L | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| ND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| D | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| EG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| T | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dynamic Interactive Voice Broadcasting 16842 Von Karmen Ave Suite 475 Irvine, Ca 92606	PHO		Automated call service	373.10
Jenny Nguyen 12042 Gilbert St # 8 Garden Grove, Ca 92841	FIL		Ballot Statement Fee refund	1394.00
			SUBTOTAL \$	1767.10

Payments that are contributions or independent expenditures must also be summarized on Schedule D.