

# Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Linh Ho For Garden Grove City Council		Date of This Filing 11/04/2008		PETE STAMPED CITY OF GARDEN GROVE CITY CLERK'S OFFICE	
AREA CODE/PHONE NUMBER (818) 260-0669		Report No. 008		2008 NOV -5 P 5:11	
STREET ADDRESS 1212 S. Victory Blvd.		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		1/2	
CITY Burbank		No. of Pages 2			
I.D. NUMBER (if applicable) 1308664					
STATE CA		ZIP CODE 91502			

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## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING 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
11/04/2008	Service Employees International Union Local 721, CTW, CLC State & Local 500 S Virgil Av 2nd Fl Los Angeles ID: 743794 CA 90020	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1000.00
—	ID: _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
—	ID: _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

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<b>NAME OF FILER</b> Linh Ho For Garden Grove City Council		<b>DATE OF ELECTION</b> (IF APPLICABLE)
<b>AREA CODE/PHONE NUMBER</b> I.D. NUMBER (if applicable) 1308664	<b>AMOUNT OF CONTRIBUTION</b>	
<b>STREET ADDRESS</b>	<b>CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION</b>	<b>DATE OF ELECTION</b> (IF APPLICABLE)
<b>CITY</b>	<b>STATE</b>	<b>DATE OF ELECTION</b> (IF APPLICABLE)
<b>ZIP CODE</b>	<b>Report No.</b>	<b>AMOUNT OF CONTRIBUTION</b>
2 / 2	<input type="checkbox"/> <b>Amendment to Report No.</b> (explain below)	<b>DATE OF ELECTION</b> (IF APPLICABLE)
<b>No. of Pages</b>	<b>Date of This Filing</b>	<b>DATE OF ELECTION</b> (IF APPLICABLE)



## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: \_\_\_\_\_