

Page _____ of _____
Official Use Only

Date Stamp
REC
CITY OF GARDEN
CITY CLERK'S OFFICE
2014 OCT 28

Type or print in ink.
Statement covers period
from OCT. 1, 2014
through OCT. 18, 2014
Date of election if applicable:
(Month, Day, Year)
11/4/14

SEE INSTRUCTIONS ON REVERSE

1. 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

Ballot Measure Committee
 Primarily Formed
 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
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report
 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)
1317 CASA LINDA LD. #18C
CITY GARDEN GROVE, CA 92840 STATE CA ZIP CODE 92840 AREA CODE/PHONE 714-469-3018

MAILING ADDRESS (IF DIFFERENT NO. AND STREET OR P.O. BOX)
12912 BROOKHURST ST. STE. 375
CITY GARDEN GROVE, CA 92840 STATE CA ZIP CODE 92840 AREA CODE/PHONE 714-469-3018

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

Treasurer(s)

NAME OF TREASURER
QUANG "MIKE" TRAN

MAILING ADDRESS
12912 BROOKHURST ST. STE. 375
CITY GARDEN GROVE, CA 92840 STATE CA ZIP CODE 92840 AREA CODE/PHONE 714-469-3018

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 By _____
Date

Executed on 10/27/14 By _____
Date

Executed on _____ By _____
Date

Executed on _____ By _____
Date

Signature of Treasurer or Assistant Treasurer
[Signature]

Signature of Controlling Officer/Holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

**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 92810

GARDEN GROVE, CA 92810

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
<u>QUANG "MIKE" TRAN FOR</u>	
<u>GARDEN GROVE CITY COUNCIL</u>	<u>1361313</u>
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
<u>QUANG "MIKE" TRAN</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
<u>1212 BROOKHURST ST. STE. 315</u>	
CITY	STATE ZIP CODE AREA CODE/PHONE
<u>GARDEN GROVE, CA 92810</u>	<u>714.469.3018</u>
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. 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 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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

QUANG "MIKE" TRAN ICE GARDEN GROVE CITY COUNCIL 2014

Statement covers period
from SEP. 1.1.11
through SEP. 18.11.11

Page of

I.D. NUMBER

1361313

Contributions Received

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

Column B
CALENDAR YEAR
TOTAL TO DATE

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

	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>

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

Expenditure Limit Summary for State
Candidates

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>

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>
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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.