

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED  
CITY OF GARDEN GROVE  
08/16/2016  
CITY CLERK'S OFFICE

CALIFORNIA  
FORM 497

For Official Use Only

Date of This Filing: 08/16/2016  
Report No.: 2016 AUG 16 AM 11:52

Amendment to Report No. (explain below) \_\_\_\_\_  
No. of Pages \_\_\_\_\_

I.D. NUMBER (if applicable)

NAME OF FILER: Demian Garcia-Monroy  
AREA CODE/PHONE NUMBER: 714-881-9860

STREET ADDRESS: 11611 Candy Lane

CITY: Garden Grove STATE: CA ZIP CODE: 92840

## 1. Contribution(s) Received

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
08/15/2016	Demian Garcia-Monroy 11611 Candy Lane Garden Grove, CA. 92840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Home Health Nurse self Employed private Duty Nurse	\$5000 <input checked="" type="checkbox"/> Check if Loan 7.5% Provide interest rate _____
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate _____
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate _____

### \*\*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

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