

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2016 SEP 21 AM 11:25

497 CONTRIBUTION REPORT

NAME OF FILER Kim Nguyen for City Council 2016		Date of This Filing 09/21/2016	CALIFORNIA 497 FORM For Official Use Only
AREA CODE/PHONE NUMBER (714) 725-9972	I.D. NUMBER (if applicable) 1386732	Report No. 16-3	
STREET ADDRESS 12152 Adrian St #8-202		<input type="checkbox"/> Amendment to Report No. (explain below)	
CITY Garden Grove	STATE CA	No. of Pages 1	
	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
09/21/2016	Outdoor Assoc 2 S View St Trabuco Canyon, CA 92679	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <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 _____%
		<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: _____

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

497 CONTRIBUTION REPORT

NAME OF FILER Kim Nguyen for City Council 2016		Date of This Filing 09/20/2016	
AREA CODE/PHONE NUMBER (714) 725-9972		Report No. 16-2	
I.D. NUMBER (if applicable) 1386732		<input type="checkbox"/> Amendment to Report No. (explain below)	
STREET ADDRESS 12152 Adrian St #8-202		No. of Pages 1	
CITY Garden Grove	STATE CA	ZIP CODE 92840	

CALIFORNIA 497 FORM
For Official Use Only

2016 SEP 20 AM 11:04
Date Stamp

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
09/20/2016	Garden Grove Firefighters PAC 2933 Perla Newport Beach, CA 92660 Committee ID # 780696	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <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 _____%
		<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: _____

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

CALIFORNIA 497 FORM
For Official Use Only

Date Stamp
2016 SEP -6 AM 9:0

Date of This Filing 09/02/2016
Report No. 16-1
 Amendment to Report No. (explain below)
No. of Pages 1

NAME OF FILER
Kim Nguyen for City Council 2016
AREA CODE/PHONE NUMBER
1714 | 725-9972
U.D. NUMBER (if applicable)
1386732
STREET ADDRESS
12152 Adrian St #8-202
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 ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/02/2016	Women in Leadership 22662 Vermwood St Lake Forest, CA 92630 Committee ID # 931119	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <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 %
		<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:

Handwritten signature/initials