

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED

NAME OF FILER Rickk Montoya for Garden Grove City Council 2016, District 6	Date of This Filing 09/19/2016	CITY OF GARDEN GROVE CITY CLERK'S OFFICE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 7147472008	I.D. NUMBER (if applicable) 1382701	Report No. RM-02	2016 SEP 19 PM 1:22
STREET ADDRESS 118 Chestnut Place	STATE CA ZIP CODE 92832	<input type="checkbox"/> Amendment to Report No. (explain below)	
CITY Fullerton		No. of Pages 1	

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
09/19/2016	Garden Grove Firefighters PAC FPPC ID:780696 2933 Perla Newport Beach, CA 92660	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2000 <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: _____

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FORM
497
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NAME OF FILER
Rick Montoya for Garden Grove City Council 2016, District 6

AREA CODE/PHONE NUMBER
7147472008

I.D. NUMBER (if applicable)
1382701

STREET ADDRESS
118 Chestnut Place

CITY
Fullerton

STATE
CA

ZIP CODE
92832

Date of This Filing
09/10/2016

Report No.
RM-01

Amendment to Report No. (explain below)

No. of Pages
1

2016 SEP 12 AM 10:38

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
09/09/2016	American Federation of State, County & Municipal Employees California District Council 36 FPPC ID: 1319731 514 Shatto Place, 3rd Floor Los Angeles, CA90020	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1000 <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 _____%

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FPPC Form 497 (Jan/2016)
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 www.fppc.ca.gov