

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

CALIFORNIA
FORM
497

For Official Use Only

NAME OF FILER
Demian Garcia-Monroy

AREA CODE/PHONE NUMBER
714-881-9860

I.D. NUMBER (if applicable)

STREET ADDRESS
11611 Candy Lane

CITY
Garden Grove

STATE
CA

ZIP CODE
92840

Date of This Filing
08/16/2016

Report No.
2016 AUG 16 AM 11:52

Amendment to Report No. (explain below)

No. of Pages

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: