

497 Contribution Report

Amounts may be rounded to whole dollars.

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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) No. of Pages 1	
CITY Garden Grove	STATE ZIP CODE CA 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: _____

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

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 _____%

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Reason for Amendment: _____

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497 CONTRIBUTION REPORT

NAME OF FILER Kim Nguyen for City Council 2016		Date of This Filing 09/02/2016	CALIFORNIA 497 FORM For Official Use Only
AREA CODE/PHONE NUMBER 714 725-9972	U.D. NUMBER (if applicable) 1386732	Report No. 16-1	
STREET ADDRESS 12152 Adrian St #8-202		Amendment to Report No. (explain below)	Date Stamp 2016 SEP -6 AM 9:0
CITY Garden Grove	STATE ZIP CODE CA 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 Fernwood 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 %

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Reason for Amendment:

Handwritten: Filed 9/2/16