

**497 Contribution Report**

Amounts may be rounded to whole dollars.

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**CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE**

**CALIFORNIA FORM 497**  
For Official Use Only

DATE: 2016 SEP 19 PM 1:22

NAME OF FILER: Rickk Montoya for Garden Grove City Council 2016, District 6

AREA CODE/PHONE NUMBER: 714/7472008

I.D. NUMBER (if applicable): 1382701

STREET ADDRESS: 118 Chestnut Place

CITY: Fullerton STATE: CA ZIP CODE: 92832

Date of This Filing: 09/19/2016

Report No.: RM-02

Amendment to Report No. (explain below)

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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 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)  
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
 www.fppc.ca.gov