

# 497 Contribution Report

Amounts may be rounded to whole dollars.

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CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE

<b>CALIFORNIA 497 FORM</b>	
For Official Use Only	
NAME OF FILER Thu-Ha Nguyen for Garden Grove City Council 2016	Date of This Filing <u>09/07/2016</u>
AREA CODE/PHONE NUMBER 714-745-5281	Report No. <u>TN-3</u>
STREET ADDRESS 1440 N. Harbor Blvd., Suite 707	<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY Fullerton	No. of Pages <u>1</u>
I.D. NUMBER (if applicable) 1389135	2016 SEP -7 AM 11:51
STATE CA	
ZIP CODE 92835	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
09/07/2016	Phu Nguyen 10517 Garden Grove Blvd. Garden Grove, CA 92843	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, Do Phu & Anh Tuan	1000 <input type="checkbox"/> Check if Loan <small>Provide interest rate _____%</small>
		<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 <small>Provide interest rate _____%</small>
		<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 <small>Provide interest rate _____%</small>

**\*\*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**

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RECEIVED

NAME OF FILER Thu-Ha Nguyen for Garden Grove City Council 2016		Date of This Filing 8/24/2016	CITY OF GARDEN GROVE CITY CLERK'S OFFICE For Official Use Only 2016 AUG 24 PM 5 27
AREA CODE/PHONE NUMBER 714-745-5281	ID. NUMBER (if applicable) Pending	Report No. TN-2	
STREET ADDRESS 1440 N. Harbor Blvd., Suite 707		<input type="checkbox"/> Amendment to Report No. (explain below)	
CITY Fullerton	STATE CA	No. of Pages	
	ZIP CODE 92835		

CALIFORNIA FORM 497

**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
08/23/2016	Lien Tran 8851 Chapman Ave. Garden Grove, CA 92841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Social Worker. Orange County	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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Reason for Amendment: \_\_\_\_\_

FPPC Form 497 (Jan/2016)  
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
 www.fppc.ca.gov

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<b>CALIFORNIA FORM 497</b>		Date Stamp
NAME OF FILER		Received 8/19/16 3:13pm
Thu-Ha Nguyen for Garden Grove City Council 2016		
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	
714-745-5281	Pending	
STREET ADDRESS		
1440 N. Harbor Blvd., Suite 707		
CITY	STATE	ZIP CODE
Fullerton	CA	92835
Date of This Filing		Report No.
8/19/2016		TN-1
<input type="checkbox"/> Amendment to Report No.		No. of Pages
(explain below)		

## 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
8/19/2016	Saigon Xpress, Inc 9255 Bishop Place Westminster, CA 92683	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" 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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Reason for Amendment: \_\_\_\_\_