

# Recipient Committee Campaign Statement Cover Page

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CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE

CALIFORNIA 460 FORM

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For Official Use Only

Date of election if applicable:  
(Month, Day, Year) NOV 27 PM 5:02

Statement covers period  
from September 25, 2016  
through October 27, 2016

SEE INSTRUCTIONS ON REVERSE

### 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

### 2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

### 3. Committee Information

I.D. NUMBER  
1389023

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Demian Garcia-Monroy for Garden Grove City Council District 5, 2016

### Treasurer(s)

NAME OF TREASURER

Demian Garcia-Monroy

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

Garden Grove  
STATE CA ZIP CODE 92840 AREA CODE/PHONE 714-881-9860

CITY

Garden Grove STATE CA ZIP CODE 92840 AREA CODE/PHONE 714-881-9860

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS


OPTIONAL: FAX / E-MAIL ADDRESS

vote@monroy.com


### 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on October 27, 2016  
Date

By   
Signature of Treasurer or Assistant Treasurer

Executed on October 27, 2016  
Date

By   
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Demian Garcia-Monroy  
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Garden Grove City Council District 5  
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
Garden Grove, CA. 92840

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.  
NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period  
from September 25, 2016  
through October 22, 2016

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1389023

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Demian Garcia-Monroy

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>			
1. Monetary Contributions	Schedule A, Line 3	\$ 2900	\$ 3650
2. Loans Received	Schedule B, Line 3	999.00	5999
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	250	908
4. Nonmonetary Contributions	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	4099	10857
<b>Expenditures Made</b>			
6. Payments Made	Schedule E, Line 4	\$ 3856.82	\$ 7842.78
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	200	200
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	5000+%	5000+%
10. Nonmonetary Adjustment	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	3856.82	7841.96
<b>Current Cash Statement</b>			
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 250	
13. Cash Receipts	Column A, Line 3 above	200	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0	
15. Cash Payments	Column A, Line 8 above	200	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	50	
<i>If this is a termination statement, Line 16 must be zero.</i>			
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0	
<b>Cash Equivalents and Outstanding Debts</b>			
18. Cash Equivalents	See instructions on reverse	\$ 0	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0	

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

1/1 through 6/30      7/1 to Date

20. Contributions Received \$ \_\_\_\_\_ \$ \_\_\_\_\_

21. Expenditures Made \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)      Total to Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \$ \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \$ \_\_\_\_\_

\*Amounts in this section may be different from amounts reported in Column B.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

STATEMENT COVERS PERIOD  
from September 25, 2016  
through October 27, 2016

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Demian Garcia-Monroy

I.D. NUMBER  
1389023

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/26/2016	Demian Garcia-Monroy (Candidate) 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	Self Employed Hygieia Marketing & Staffing	\$999	\$5999	\$5999
10/11/2016	Planned Parenthood of Orange and San Bernardino Counties Action Fund PAC ID: Number 1282464	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150	\$150	\$150
10/11/2016	Sandi Stiassni 5319 University Dr. # 126 Irvine, CA. 92612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Manager	\$50	\$50	\$50
10/20/16	United Union Roofers, WaterProofer and Allied Workers Political Education & Legislative Fund PAC ID: 850568 (1660 L St. NW, Washington DC	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$400	\$400	\$400
10/20/16	International Union of Operating Engineers Political Fund ID: 743030 150 E. Corson St. Pasadena, CA. 91103	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1500	\$1500	\$1500
<b>SUBTOTAL \$</b>						

## Schedule A Summary

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ 3099
- Amount received this period - unitemized monetary contributions of less than \$100 .....\$ \$250
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \$3349

\*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

Amounts may be rounded  
 to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER

Demian Garcia-Monroy

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Demian Garcia-Monroy 11611 Candy Lane Garden Grove, CA. <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Hygieia Marketing & Staffing	\$ 5120.97	\$ 999	<input checked="" type="checkbox"/> PAID \$ 1001.58 <input type="checkbox"/> FORGIVEN \$ 0	\$ 5120.97 DATE DUE _____	7.5% RATE	\$ 5000 DATE INCURRED 8/15/16	\$ 5999 PER ELECTION** \$ 5999
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	\$ _____ PER ELECTION** \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	\$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS</b>		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

(Enter (e) on  
 Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period.....\$ 999±\$2.59%  
 (Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period.....\$ 1001.58  
 (Total Column (c) plus loans under \$100 paid or forgiven.)  
 (Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.).....NET \$ 120.77±\$0.00  
 Enter the net here and on the Summary Page, Column A, Line 2.

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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
 \*\* If required.

# Schedule E Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E

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Statement covers period from September 25, 2016 through October 22, 2016

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SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Demian Garcia-Monroy

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Demian Garcia-Monroy (candidate) 11611 Candy Lane, Garden Grove, CA, 92840 L			Pay Off Loan	\$802.59
Well Fargo, 12952 Harbor Blvd, Garden Grove, CA 92840			Bank Card Fee	\$74.52
Apollo Printing 503 N Anaheim Blvd, Anaheim, CA 92805	CMP		Door Hangers	\$1446.20

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2323.31

## Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 5042.78
- Unitemized payments made this period of under \$100..... \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ 2.59
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... TOTAL \$ 5045.37

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from September 25, 2016  
through October 22, 2016

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Demian Garcia-Monroy

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Apollo Printing 503 N Anaheim Blvd, Anaheim, CA 92805	CMP		Door Hangers	\$1015.95
Apollo Printing 503 N Anaheim Blvd, Anaheim, CA 92805	CMP		Lawn Signs	\$1000
Demian Garcia-Monroy (Candidate) 11611 Candy Lane, Garden Grove CA. 92840			Initial Loan Payment for emergency loan	\$200
Well Fargo 12952 Harbor Blvd, Garden Grove, CA 92840			Banking Fees	\$113.52
Thu Nguyen (This was reported Early Last filing Cycle) 1304 S. Del Mar Ave San Gabriel CA. 91776-3316	WEB		Last Payment for finishing Website continued campaign Consultation	\$390
<b>SUBTOTAL \$</b>				<b>2719.47</b>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.