

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
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 CITY OF GARDEN GROVE
 CITY CLERK'S OFFICE
 2017 MAR 21 AM 10:37

Please type or print in ink.

NAME OF FILER (LAST) Stiles (FIRST) Scott (MIDDLE) Charles

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Garden Grove Your Position City Manager
 Division, Board, Department, District, if applicable City Manager's office

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of Garden Grove Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2016, through December 31, 2016.
 -or-
 The period covered is _____ through December 31, 2016.
 Assuming Office: Date assumed _____
 Candidate: Election year _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2016, through the date of leaving office.
 -or-
 The period covered is _____ through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
 Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-
 None - No reportable interests on any schedule

5. Verification 11222 Acacia Pkwy. Garden Grove CA 92840

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(714) 741-5100 sstiles@garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/21/17 Signature [Signature]
(month, day, year) (File the originally signed statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS
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2016 MAR -3 AM 10:43

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Stiles Scott C

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Garden Grove

Division, Board, Department, District, if applicable

City Manager's Office

Your Position

City Manager

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Garden Grove Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is _____ through December 31, 2015.

Assuming Office: Date assumed 8, 3, 2015

Leaving Office: Date Left _____ (Check one)

The period covered is January 1, 2015, through the date of leaving office.

-or-

The period covered is _____ through the date of leaving office.

Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

- Schedule A-1 - Investments – schedule attached
- Schedule A-2 - Investments – schedule attached
- Schedule B - Real Property – schedule attached
- Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule D - Income – Gifts – schedule attached
- Schedule E - Income – Gifts – Travel Payments – schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)

P.O. Box 3070 Garden Grove CA 92840

DAYTIME TELEPHONE NUMBER

(714) 741-5035

E-MAIL ADDRESS

kathyb@ci.garden-grove.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/2/16
 (month, day, year)

Signature [Signature]
 (File the originally signed statement with your filing official.)