CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Date Signed



FAIR POLITICAL PRACTIC COVERHAGEN Please type or print in ink. NAME OF FILER (LAST) DIENRF 1. Office, Agency, or Court Agency Name (Do not use acronyms) den Enove Division, Board, Department, District, if applicable Your Position ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) ☐ State Judge or Court Commissioner (Statewide Jurisdiction) County of _ City of _ Other _ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left ____/___ December 31, 2015. (Check one) O The period covered is January 1, 2015, through the date of The period covered is ____ leaving office. December 31, 2015. Assuming Office: Date assumed 12/13/2016 O The period covered is ___ 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: _ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Sohiedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -01-■ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET Garden Grove CA DAYTIME TELEPHONE NUMBER I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my unowledge 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.

Signature

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

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM	
Name	1
Diedre Thu-Ha	Nguyer

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Quest Diagnostics Inc GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Medical Reference Lab	
FAIR MARKET VALUE	FAIR MARKET VALUE
74 \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 15 / / 15	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	The state of the s
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
O lucous kacessed of \$200 of wrote (setting on presence c)	O modifie reserved of \$500 of Male (report of Sciences of
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 15 // 15	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership O Income Received of \$0 - \$499	(Describe) Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIŜT DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORN			
Name Diedne	Thu-	ta Ngu	yer

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 3	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS CITY FAIR MARKET VALUE
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None Bayan Gale	\$10,001 - \$100,000
	ending institutions made in the lender's regular course of without regard to your official status. Personal loans and ess must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
	#IGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 Guarantor, if applicable
Comments:	

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
D. Thu- Ha Nguyen

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Quest Diagnostics Inc	Quest Diagnostics Inc
ADDRESS (Business Addless Acceptable)	ADDRESS (Business Address Acceptable)
33608 Antega Hwy San Trun Cay istrano Business activity, if May, of source , (A) 97675	33608 Ortega Hwy Son Tram Capistrano (A 926 BUSINESS ACTIVITY. IF ANY, OF SOURCE Medical Reference Cabonatory
Medical Reference Jubility YOUR BUSINESS POSITION	Medical Reference Cabonatory
Laboratory Supervisor	Laboratory Supervisor
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
□ \$500 - \$1,000 □ \$1,001 - \$10,000	\$500 - \$1,000\$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other (Describe)	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	OD
retail installment or credit card transaction, made in the	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	
	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,00D	
OVER \$100,000	☐ Other
	(Describe)
Comments:	

FPPC Form 700 (2015/2016) Sch. C FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM	700
Name	
Diedne Thu-	Harling yen

	Mark	either f	he aift	or inco	ome box.
•	151691 12		110 MINO	~,	

- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

NAME OF SOURCE (Not an Acronym)	NAME OF SOURCE (Not an Acronym)
Partic American Leadership toundation	
	ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable)	ADDRESS (Dusiness Address Acceptable)
1275 Huntington Dra. Ste # 378	
CITY AND STATE	CITY AND STATE
Sim Marino (A 91108	
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
01 . 7 17 01 17 3/0 75	
DATE(S): 51/65/17 DI 10/17 AMT: \$762.75	DATE(S): AMT: \$
(n gar)	(# gary
MUST CHECK ONE: Gift -or- Income	▶ MUST CHECK ONE: Gift -or- Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
O ou to Destable	Other - Provide Description
Other - Provide Description	Other - Provide Description
2770 / 524 557	
Ir Gilt, Provide Travel Destination 3 Annual CAL NET	▶ If Gift, Provide Travel Destination
Retreat in Ranchu: Palus Verder, CA	
NAME OF SOURCE (Not an Acronym)	NAME OF SOURCE (Not an Acronym)
• • • • • • • • • • • • • • • • • • • •	
	ADDRESS (Queleon Address Associable)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
The way a property survive and the Any of Course	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	SUIT (C)(S) OF DESCRIBE BOSINESS RETITITION TO SOOM
DATE(S): AMT: \$	DATE(S): AMT: \$
OATE(S): AMI: S	DATE(S): (If gill)
MIST CHECK ONE: TO CO Therema	▶ NUST CHECK ONE: Gift -or- Income
MUST CHECK ONE: Gift -or- Income	The state of the s
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
► If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
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