

Candidate Intention Statement

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CITY OF GARDEN GROVE
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2017 NOV 28 PM 1:40
Diana Sapp

CALIFORNIA FORM 501

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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) **PAREDES, MARK A.** DAYTIME TELEPHONE NUMBER **(657) 529-0441** FAX NUMBER (optional) _____ E-MAIL (optional) **mrmorkparedes@gmail.com**

STREET ADDRESS **10339 DOVE COURT** CITY **GARDEN GROVE** STATE **CA** ZIP CODE **92840**

OFFICE SOUGHT (POSITION TITLE) **COUNCIL MEMBER** AGENCY NAME **GARDEN GROVE** DISTRICT NUMBER, if applicable, **4** PARTY: NON-PARTISAN

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) **2018** (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CaIPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Year of Election) **Primary/general election** _____
(Year of Election) **Special/runoff election**

- (Check one box)
- I accept the voluntary expenditure ceiling for the election stated above.
 - I do not accept the voluntary expenditure ceiling for the election stated above.
- Amendment:
- I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

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

Executed on 11/28/2017 Signature MA P
(month, day, year) (Candidate)

1400519

Statement of Organization
Recipient Committee

Statement Type Initial

Not yet qualified
or

Date qualified as committee
Date qualified as committee

Amendment

2018 JAN 22 PM
Date of termination

Termination - See Part 5

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in the office of the Secretary of State
of the State of California

DEC 04 2017

RECEIVED
CITY OF GARDEN GROVE
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CALIFORNIA
FORM

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DEC 08 2017

I. Committee Information
I.D. Number (if applicable)

MARK ANTHONY PAREDES FOR GARDEN GROVE CITY COUNCIL 2018

NAME OF TREASURER
RICHARD L MONTOYA JR

2. Treasurer and Other Principal Officers

REGISTRAR OF VOTERS
Deputy

NAME OF COMMITTEE

MARK ANTHONY PAREDES FOR GARDEN GROVE CITY COUNCIL 2018

NAME OF TREASURER

RICHARD L MONTOYA JR

STREET ADDRESS (NO P.O. BOX)

12611 CARDINAL AVENUE

CITY

GARDEN GROVE

STATE

CA

ZIP CODE

92843

AREA CODE/PHONE

657 250 5598

NAME OF ASSISTANT TREASURER, IF ANY

GARDEN GROVE

STATE

CA

ZIP CODE

92843

AREA CODE/PHONE

657 250 5598

MAILING ADDRESS (IF DIFFERENT)

GARDEN GROVE

STATE

CA

ZIP CODE

92843

AREA CODE/PHONE

657 250 5598

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

danger6mike@gmail.com

COUNTY OF DOMICILE

ORANGE

JURISDICTION WHERE COMMITTEE IS ACTIVE

GARDEN GROVE

NAME OF PRINCIPAL OFFICER(S)

MARK ANTHONY PAREDES

STREET ADDRESS (NO P.O. BOX)

10339 DOVE COURT

CITY

GARDEN GROVE

STATE

CA

ZIP CODE

92840

AREA CODE/PHONE

714 390 5179

Attach additional information on appropriately labeled continuation sheets.

B. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 11/28/2017

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 11/28/2017

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME

MARK ANTHONY PAREDES FOR GARDEN GROVE CITY COUNCIL 2018

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

BANK ACCOUNT NUMBER

**** TO BE ESTABLISHED**

ADDRESS

CITY

STATE

ZIP CODE

1. Type of Committee. Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE		PARTY
			Nonpartisan	Partisan (list political party below)	
MARK ANTHONY PAREDES	Garden Grove City Council District 4	2018	<input checked="" type="checkbox"/>		Partisan (list political party below)
			<input type="checkbox"/>		Partisan (list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

	CHECK ONE	
	SUPPORT	OPPOSE
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Clear Page

Print

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

Page 3

I.D. NUMBER

COMMITTEE NAME

MARK ANTHONY PAREDES FOR GARDEN GROVE CITY COUNCIL 2018

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____ / _____ / _____
Date qualified

5. Termination Requirements

By signing this verification, the treasurer, assistant treasurer, officer, holder, or proprietor certifies that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

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**Statement of Organization
Recipient Committee**

Statement Type Initial

Not yet qualified
or

Date qualified as committee

Amendment

Termination - See Part 5

Date qualified as committee _____ / _____ / _____
Date of termination _____ / _____ / _____

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CITY OF GARDEN GROVE
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FORM 410

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2. Treasurer and Other Principal Officers

1. Committee Information
NAME OF COMMITTEE
MARK ANTHONY PAREDES FOR GARDEN GROVE CITY COUNCIL 2018

I.D. Number
(if applicable)

NAME OF TREASURER

RICHARD L. MONTOYA JR.

STREET ADDRESS (NO P.O. BOX)

12611 CARDINAL AVENUE

CITY

GARDEN GROVE

STATE

CA

AREA CODE/PHONE

657 250 5598

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

MARK ANTHONY PAREDES

STREET ADDRESS (NO P.O. BOX)

10339 DOVE COURT

CITY

GARDEN GROVE

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I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 11/28/2017 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 11/28/2017 By [Signature] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization
Recipient Committee**

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I.D. NUMBER

COMMITTEE NAME

MARK ANTHONY PAREDES FOR GARDEN GROVE CITY COUNCIL 2018

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** TO BE ESTABLISHED

AREA CODE/PHONE

BANK ACCOUNT NUMBER

ADDRESS

CITY

STATE

ZIP CODE

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(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

	CHECK ONE	
	SUPPORT	OPPOSE
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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Page 3

I.D. NUMBER

COMMITTEE NAME

MARK ANTHONY PAREDES FOR GARDEN GROVE CITY COUNCIL 2018

Type of Committee (Combi/used)

General Purpose Committee

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CITY Committee COUNTY Committee STATE Committee Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

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NO. AND STREET

CITY

STATE

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