

**COVER PAGE**

*A PUBLIC DOCUMENT*

Filed Date: 03/28/2019 11:59 AM  
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Nguyen Thu-Ha Diedre

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City of Garden Grove

Division, Board, Department, District, if applicable

Your Position

City Council Member

► 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, 2018, through December 31, 2018.  
-or- The period covered is / / , through December 31, 2018.  
☐ **Assuming Office:** Date assumed / /  
☐ **Candidate:** Date of Election and office sought, if different than Part 1:   
☐ **Leaving Office:** Date Left / /  
(Check one circle.)  
☐ The period covered is January 1, 2018, 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: 5**

**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**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
11222 Acacia Pkwy. Garden Grove CA 92840-5208  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 714 ) 741-5035

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 03/28/2019 11:59 AM Signature Electronic Submission  
(month, day, year) (File the originally signed paper statement with your filing official.)

**SCHEDULE A-1****Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

*Investments must be itemized.**Do not attach brokerage or financial statements.***CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Thu-Ha Nguyen

► NAME OF BUSINESS ENTITY  
**QUEST DIAGNOSTICS INC.**

GENERAL DESCRIPTION OF THIS BUSINESS  
**MEDICAL REFERENCE LABORATORY**

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
   ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/18      \_\_\_\_/\_\_\_\_/18  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
   ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/18      \_\_\_\_/\_\_\_\_/18  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
   ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/18      \_\_\_\_/\_\_\_\_/18  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
   ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/18      \_\_\_\_/\_\_\_\_/18  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
   ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/18      \_\_\_\_/\_\_\_\_/18  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
   ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/18      \_\_\_\_/\_\_\_\_/18  
ACQUIRED      DISPOSED

Comments: \_\_\_\_\_

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name <u>Thu-Ha Nguyen</u>

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
8381 LINMAR MEADOWS

CITY  
GARDEN GROVE CA 92841

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/18      \_\_\_\_\_/\_\_\_\_\_/18  
☐ \$10,001 - \$100,000      ACQUIRED      DISPOSED  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

NATURE OF INTEREST  
☒ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold \_\_\_\_\_ Yrs. remaining      ☐ \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

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  
CELIA GREEN

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
\_\_\_\_\_

CITY  
\_\_\_\_\_

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/18      \_\_\_\_\_/\_\_\_\_\_/18  
☐ \$10,001 - \$100,000      ACQUIRED      DISPOSED  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

NATURE OF INTEREST  
☐ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold \_\_\_\_\_ Yrs. remaining      ☐ \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

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

\* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER  
\_\_\_\_\_

INTEREST RATE      TERM (Months/Years)  
\_\_\_\_\_%      ☐ None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable

NAME OF LENDER\*  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER  
\_\_\_\_\_

INTEREST RATE      TERM (Months/Years)  
\_\_\_\_\_%      ☐ None      \_\_\_\_\_

HIGHEST 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)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Thu-Ha Nguyen</u>

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>ACWD</u>	NAME OF SOURCE OF INCOME <u>QUEST DIAGNOSTICS INC</u>
ADDRESS (Business Address Acceptable) <u>14691 ADAMS ST. MIDWAY CITY, CA 92655</u>	ADDRESS (Business Address Acceptable) <u>33608 ORTEGA HWY SAN JUAN CAPISTRANO CA 92675</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>CAMPAIGN CONSULTANT</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>MEDICAL REFERENCE LABORATORY</u>
YOUR BUSINESS POSITION <u>CAMPAIGN ADVISOR</u>	YOUR BUSINESS POSITION <u>LABORATORY SUPERVISOR</u>
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <u>FOR DURATION OF THE ELECTION PERIOD</u> (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	Street address
_____		City
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____	(Describe)
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Thu-Ha Nguyen</u>

▶ NAME OF SOURCE <i>(Not an Acronym)</i> <u>RENDON FOR ASSEMBLY 2018</u>		
ADDRESS <i>(Business Address Acceptable)</i> <u>3605 LONG BEACH BLVD. STE# 426, LONG BEACH CA 90807-6010</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 14 / 18</u>	<u>\$ 52.33</u>	<u>HOLIDAY RECEPTION</u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>

▶ NAME OF SOURCE <i>(Not an Acronym)</i>		
ADDRESS <i>(Business Address Acceptable)</i>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>

▶ NAME OF SOURCE <i>(Not an Acronym)</i>		
ADDRESS <i>(Business Address Acceptable)</i>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>

▶ NAME OF SOURCE <i>(Not an Acronym)</i>		
ADDRESS <i>(Business Address Acceptable)</i>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>

▶ NAME OF SOURCE <i>(Not an Acronym)</i>		
ADDRESS <i>(Business Address Acceptable)</i>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>

▶ NAME OF SOURCE <i>(Not an Acronym)</i>		
ADDRESS <i>(Business Address Acceptable)</i>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
<u>    /    /    </u>	<u>\$</u>	<u>                    </u>

Comments: \_\_\_\_\_  
\_\_\_\_\_