

### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received
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A PUBLIC DOCUMENT

Filed Date: 04/01/2024 10:51 AM SAN: FPPC

Plea	ase type or print in ink.				5. 11. 11 1 5
NAM	E OF FILER (LAST)	(FIRST)		(MIDDLE)	
Va	n	Hong			
1. (	Office, Agency, or Court				
-	Agency Name (Do not use acronyms)				
	City of Stanton				
	Division, Board, Department, District, if applicab	le	Your Position		
			City Council M	ember	
-	▶ If filing for multiple positions, list below or or	n an attachment. <i>(Do not</i>		ners need need to be a second	
	Agency:		Position:		
2.	Jurisdiction of Office (Check at least	one box)			
	State	, <b></b> ,	Duludge Retired Jud	dae Pro Tem	Judge, or Court Commissioner
8			(Statewide Jurisdic		oddgo, or court commissioner
	☐ Multi-County		County of		_
	X City of Stanton		O#		
_	and the second s				
3.	Type of Statement (Check at least on	835.8	_		
	Annual: The period covered is January 1 December 31, 2023.  -or-	, 2023, through	Leaving Office:		ne circle.)
	The period covered is/_ December 31, 2023.	/, throug	h O The period co of leaving offi -or-		ary 1, 2023, through the date
	Assuming Office: Date assumed	<u> </u>	The period co		/, through
	Candidate: Date of Election	and office sou	ght, if different than Part 1:		
4.	Schedule Summary (required)	► Total numb	er of pages including the	his cover p	page: 4
	Schedules attached		,		
	Schedule A-1 - Investments – schedule	attached	Schedule C - Income. Lo	ans. & Busine	ess Positions – schedule attached
	Schedule A-2 - Investments - schedule		Schedule D - Income - C		
	Schedule B - Real Property - schedule	attached	Schedule E - Income - G	Gifts – Travel I	Payments – schedule attached
-0	<b>r-</b> 🗌 <b>None</b> - No reportable interests	on any schedule			
5. \	Verification				
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docur	CITY ment)		STATE	ZIP CODE
	7800 Katella Ave	Star	nton	CA	90680-3123
	DAYTIME TELEPHONE NUMBER	5 Sons	EMAIL ADDRESS		
	( 714 ) 379-9222 ext:245				
	I have used all reasonable diligence in preparing herein and in any attached schedules is true a			ne best of my	knowledge the information contained
	I certify under penalty of perjury under the	laws of the State of Cali	fornia that the foregoing is tr	ue and corre	ct.
	Date Signed 04/01/2024 10:51 /	AM	Signature	Hon	g Van
	(month, day, year)				statement with your filing official.)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Hong Van

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 131-211-35	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
100 (10 min)	- II
CITY	CITY
Stanton, CA	.
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Yrs. remaining Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
<b>▼</b> \$10,001 - \$100,000	\$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 Hugo Perez, Sergio Rosendo, and Angela Aquino	income of \$10,000 or more.
income of \$10,000 or more.  None Hugo Perez, Sergio Rosendo, and Angela Aquino  You are not required to report loans from a commen	cial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and
income of \$10,000 or more.  None Hugo Perez, Sergio Rosendo, and Angela Aquino  You are not required to report loans from a commercusiness on terms available to members of the publications.	cial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and
income of \$10,000 or more.  None Hugo Perez, Sergio Rosendo, and Angela Aquino  You are not required to report loans from a commercular business on terms available to members of the publicans received not in a lender's regular course of business.	cial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and siness must be disclosed as follows:
income of \$10,000 or more.  None Hugo Perez, Sergio Rosendo, and Angela Aquino  You are not required to report loans from a commercusiness on terms available to members of the publicans received not in a lender's regular course of but NAME OF LENDER*	Dial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and siness must be disclosed as follows:  NAME OF LENDER*
income of \$10,000 or more.  None Hugo Perez, Sergio Rosendo, and Angela Aquino  You are not required to report loans from a commercusiness on terms available to members of the publicans received not in a lender's regular course of but NAME OF LENDER*  ADDRESS (Business Address Acceptable)	Dial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and siness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
income of \$10,000 or more.  None Hugo Perez, Sergio Rosendo, and Angela Aquino  You are not required to report loans from a commercusiness on terms available to members of the publicans received not in a lender's regular course of but name of Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	Dial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and siness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
income of \$10,000 or more.  None Hugo Perez, Sergio Rosendo, and Angela Aquino  You are not required to report loans from a commercusiness on terms available to members of the publicans received not in a lender's regular course of but name of Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)	Dial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and siness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)
income of \$10,000 or more.  None Hugo Perez, Sergio Rosendo, and Angela Aquino  You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable)  BUSINESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  None  None	Dial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and siness must be disclosed as follows:    NAME OF LENDER*   ADDRESS (Business Address Acceptable)
income of \$10,000 or more.  None Hugo Perez, Sergio Rosendo, and Angela Aquino  You are not required to report loans from a commercibusiness on terms available to members of the publicans received not in a lender's regular course of but NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  HIGHEST BALANCE DURING REPORTING PERIOD	Dial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and siness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  HIGHEST BALANCE DURING REPORTING PERIOD
income of \$10,000 or more.  None Hugo Perez, Sergio Rosendo, and Angela Aquino  You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable)  BUSINESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	Dial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and siness must be disclosed as follows:    NAME OF LENDER*   ADDRESS (Business Address Acceptable)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Hong Van

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
AppFolio, Inc.	<u>,                                      </u>
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
70 Castilian Dr, Goleta, CA 93117	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Staff Software Engineer	
GROSS INCOME RECEIVED No Income - Business Position Only  \$500 - \$1,000 \$1,000  \$10,001 - \$100,000 ★ OVER \$100,000	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$100,000  \$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary 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 P	PERIOD
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. 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
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	Scaration
OVER \$100,000	Other(Describe)
	(Daoning)
Comments:	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION			
Name			
Hong Van			

- . Mark either the gift or income box.
- 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. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Southern California Edison	
ADDRESS (Business Address Acceptable) 2244 Walnut Grove Ave.	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
Rosemead, CA 91770	
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 07 / 19 / 23 - 07 / 21 / 23 AMT: \$ 539.35	DATE(S):
► MUST CHECK ONE: X Gift -or- Income	► MUST CHECK ONE: Gift -or Income
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 High Sierra Workshop at Big Creek, California	► If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):	DATE(S):
► 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
Other - Provide Description	Other - Provide Description
► If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
Comments:	I



### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Filed Date: 04/03/2023 03:16 PM

SAN: FPPC Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE)

	TILLIX (LAGI)		<i>t1</i>	
Van		Hong		
1. Of	fice, Agency, or Court			
Age	ency Name (Do not use acronyms)			
C	ity of Stanton			
Div	rision, Board, Department, District, if applicable		Your Position	
			City Council Member	
<b>•</b>	If filing for multiple positions, list below or on an	attachment. (Do not use a	cronyms)	
Ag	gency:		Position:	
2. Jı	urisdiction of Office (Check at least one	box)		
	State		☐ Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner
	Multi-County		County of	
	City of Stanton			
3. T\	ype of Statement (Check at least one bo	()		
20.00	Annual: The period covered is January 1, 202 December 31, 2022.	27.3	Leaving Office: Date Left(Check of	ne circle.)
	-or- The period covered is// December 31, <b>2022</b> .	, through	<ul> <li>The period covered is Janu leaving office.</li> <li>-or-</li> </ul>	ary 1, <b>2022</b> , through the date of
	Assuming Office: Date assumed/		The period covered is the date of leaving office.	/, through
	Candidate: Date of Election	and office sought, if	different than Part 1:	
	chedule Summary (required) chedules attached	► Total number of	f pages including this cover p	age:3
	Schedule A-1 - Investments - schedule atta	ched 🔀 S	Schedule C - Income, Loans, & Busine	ess Positions – schedule attached
	☐ Schedule A-2 - Investments – schedule atta	01104	Schedule D - Income - Gifts - schedu	
	Schedule B - Real Property - schedule atta	ched S	Schedule E - Income - Gifts - Travel I	Payments – schedule attached
-or-	□ None - No reportable interests on             □             □ None - No reportable interests on             □ None - No	any schedule		
5. Ve	rification			
	NLING ADDRESS STREET usiness or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
100	800 Katella Ave	Stanton	CA	90680-3123
DA	YTIME TELEPHONE NUMBER	E	MAIL ADDRESS	
(	714 ) 379-9222 ext:245			
	ave used all reasonable diligence in preparing this rein and in any attached schedules is true and co			knowledge the information contained
	ertify under penalty of perjury under the laws			ct.
-	1. 0: 0.4/02/2022 02:46 DM			a Van
Da	te Signed 04/03/2023 03:16 PM (month, day, year)	Sign	nature Hon (File the originally signed paper :	g Van statement with your filing official.)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Hong Van

131-211-35 CITY Stanton, CA	8
	1 (2)
Stanton, CA	CITY
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000   22	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000     22
\$100,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
■ \$10,001 - \$100,000	S10,001 - \$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.	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	None
Hugo Perez, Sergio Rosendo, and Angela Aquino	
business on terms available to members of the public	without regard to your official status. Personal loans and
business on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and iness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of bus  NAME OF LENDER*  ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of bus  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  None	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION			
Name			
Hong Van			

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
AppFolio, Inc.	Diedre Thu-Ha Nguyen for State Assembly 2022
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
70 Castilian Dr, Goleta, CA 93117	5445 Madison Ave, Sacramento, CA 95841
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Staff Software Engineer	Campaign Manger
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
☐ \$10,001 - \$100,000 <b>※</b> OVER \$100,000	■ \$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary 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
(0	(0.20%)
(Describe)	(Describe)
Other(Describe)	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	PERIOD
a retail installment or credit card transaction, made in	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
ADDICESS (Business Address Acceptable)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
BOOKESS ACTIVITY, II ANY, OF ELINDER	
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	
\$1,001 - \$10,000	C/ty
	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other(Describe)
	(Baselina)
Comments:	



# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Filed Date: 04/01/2022 11:15 PM SAN: FPPC

Please type or print in ink.			_	SAN. I FFC
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Van	Hong			
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
City of Stanton				
Division, Board, Department, District, if app	olicable	Your Position		
		City Counc	il Member	
▶ If filing for multiple positions, list below	or on an attachment. (Do not		The state of the s	_
Agency:		Position:		
2. Jurisdiction of Office (Check at	least one box)			
State		☐ Judge, Retired (Statewide Jur		udge, or Court Commissioner
Multi-County		County of		
City of Stanton		O#		
2. Type of Ctatament as a second	Z X X			5
3. Type of Statement (Check at leas	8.5		D 10 1 2 2	
Annual: The period covered is Janua December 31, <b>2021</b> .	ary 1, <b>2021,</b> through	∐ Leaving Offi	ice: Date Left Check one)	_// e circle.)
-or-	_/, throug	h	**************************************	ry 1, <b>2021</b> , through the date of
December 31, <b>2021</b> .		leaving or -or-		, and proceedings of the control of
Assuming Office: Date assumed		The period	od covered is of leaving office.	/, through
Candidate: Date of Election	and office sou	ght, if different than Part 1	Lite	
4. Schedule Summary (must cor	nplete) ► <i>Total numl</i>	per of pages includin	g this cover pa	ge: 2
Schedules attached	• •	, 0		
Schedule A-1 - Investments – sch	edule attached	Schedule C - Income	e, Loans, & Busines	s Positions – schedule attached
Schedule A-2 - Investments – sch	edule attached	Schedule D - Income	e – Gifts – schedule	attached
Schedule B - Real Property – sch	edule attached	Schedule E - Income	e – Gifts – Travel Pa	yments – schedule attached
-or- None - No reportable inter	ests on any schedule			
5. Verification				_
MALING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY Document)		STATE	ZIP CODE
7800 Katella Ave	Sta	nton	CA	90680-3123
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
( 714 ) 379-9222 ext:245	. 11. 14. 12.		vin care	1.1.41.18.11.11.11
I have used all reasonable diligence in pre herein and in any attached schedules is tr				lowledge the information contained
I certify under penalty of perjury under	the laws of the State of Cali	fornia that the foregoing	is true and correct	
Date Signed 04/01/2022 11:	15 PM	Signature	Hong	Van
(month, day, year)				tement with your filing official.)

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

Investments must be itemized. Do not attach brokerage or financial statements. CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION Name Hong Van

► NAME OF BUSINESS ENTITY		► NAME OF BUSINESS ENTITY	
Iron Mountain Inc	11		
GENERAL DESCRIPTION OF THIS BUS	INESS	GENERAL DESCRIPTION OF THIS BUSINESS	
Equity Real Estate Investment	Trusts (REITs)		
FAIR MARKET VALUE	Traces (RETTO)	FAIR MARKET VALUE	—
	01 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000	
	\$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT		NATURE OF INVESTMENT	
NATURE OF INVESTMENT  X Stock Other		NATURE OF INVESTMENT Stock Other	
	(Describe)	(Describe)	-
Partnership Income Received of \$0	- \$499 00 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Sched	dule C)
IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:	
, , 21 03 , 08 , 2	21	, , 21 , , 21	
ACQUIRED DISPOSED		ACQUIRED DISPOSED	
► NAME OF BUSINESS ENTITY	——————————————————————————————————————	► NAME OF BUSINESS ENTITY	
GENERAL DESCRIPTION OF THIS BUS	SINESS	GENERAL DESCRIPTION OF THIS BUSINESS	—
CENERAL BESORII FION OF THIS BOX			
1			
FAIR MARKET VALUE		FAIR MARKET VALUE	
\$2,000 - \$10,000 \$10,00	01 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000	
\$100,001 - \$1,000,000 Over \$	\$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT	11	NATURE OF INVESTMENT	
Stock Other		Stock Other	
	(Describe)	(Describe)	
Partnership O Income Received of \$0 Income Received of \$5	- \$499 OO or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Sched	dule C)
			6
IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:	
, , 21 , , 2	21	, , 21 , , 21	
ACQUIRED DISPOSED	<u>.1</u>	ACQUIRED DISPOSED	
		AOGOINED BIOLOGED	
► NAME OF BUSINESS ENTITY		► NAME OF BUSINESS ENTITY	
GENERAL DESCRIPTION OF THIS BUS	INESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	- 11		
FAIR MARKET VALUE		FAIR MARKET VALUE	
	01 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000	
\$100,001 - \$1,000,000 Over \$	\$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT	- 11	NATURE OF INVESTMENT	
Stock Other	(Describe)	Stock Other (Describe)	_
Partnership O Income Received of \$0		Partnership O Income Received of \$0 - \$499	
◯ Income Received of \$50	00 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Sched	iule C)
IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:	
102 B	,,		
<u></u>	<u></u>		
ACQUIRED DISPOSED	11	ACQUIRED DISPOSED	
AUR 20			
Comments:			



### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Filed Date: 04/01/2021 10:01 AM

SAN: FPPC Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE)

Agency, or Court Agency Name (Do not use accoryms) City of Stanton  Division, Board, Department, District, if applicable  If filing for multiple positions, list below or on an attachment. (Do not use accoryms)  Agency:  Position:    Durisdiction of Office (Check at least one box)	Va	an Hong				
City of Stanton  Division, Beard, Department, District, if applicable  Position:    Filing for multiple positions, list below or on an attachment. (Do not use actoryms)   Agency:	1.	I. Office, Agency, or Court				
Division, Board, Department, District, if applicable   Your Position		Agency Name (Do not use acronyms)				
City Council Member		City of Stanton				
Note: Note the second state of the second sta		Division, Board, Department, District, if applicable	Your Position			
Agency:			City Council Member			
State   Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)   State   Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)   County of   Check at least one box!    Annual: The period covered is January 1, 2020, through   Leaving Office: Date Left   /		▶ If filing for multiple positions, list below or on an attachment. (Do not	use acronyms)			
State		Agency:	Position:			
Multi-County   County of	2.	Jurisdiction of Office (Check at least one box)				
Statement (Check at least one box)		State				
Statement (Check at least one box)		Multi-County	County of			
3. Type of Statement (Check at least one box)    Annual: The period covered is January 1, 2020, through December 31, 2020.			Other			
Annual: The period covered is January 1, 2020, through December 31, 2020.  The period covered is	2	Time of Chatemant (c)				
The period covered is	ა.	Annual: The period covered is January 1, 2020, through				
December 31, 2020.   Correct   December 31, 2020.   December 32, 2020		-or-				
the date of leaving office.  Candidate: Date of Election and office sought, if different than Part 1:			leaving office.			
4. Schedule Summary (must complete) ► Total number of pages including this cover page:		Assuming Office: Date assumed//				
Schedule A-1 - Investments — schedule attached Schedule A-2 - Investments — schedule attached Schedule B - Real Property — schedule attached Schedule B - Real Property — schedule attached Schedule E - Income — Gifts — schedule attached Schedule E - Income — Gifts — Travel Payments — schedule attached  -Or — None - No reportable interests on any schedule  5. Verification  MALING ADDRESS STREET (Business or Agency Address Recommended - Public Document)  7800 Katella Ave Stanton CA 90680-3123  DAYTIME TELEPHONE NUMBER (714 ) 379-9222 ext:245  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  O4/01/2021 10:01 AM Signature  Electronic Submission		Candidate: Date of Election and office sour	ght, if different than Part 1:			
Schedule A-1 - Investments – schedule attached  Schedule A-2 - Investments – schedule attached  Schedule B - Real Property – schedule attached  Schedule B - Real Property – schedule attached  Schedule E - Income – Gifts – schedule attached  Schedule E - Income – Gifts – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached  Schedule D - Income – Gifts – Schedule attached  Schedule D - Income – Gifts – Schedule attached  Schedule D - Income – Gifts – Schedule attached  Schedule D - Income – Gifts – Schedule attached  Schedule D - Income – Gifts – Schedule attached  Schedule D - Income – Gifts – Schedule attached  Schedule D - Income – Gifts – Schedule attached  Schedule D - Income – Gifts – Schedule attached  Schedule D - Income – Gifts – Schedule attached  Schedule D - Income – Gifts – Schedule attached  Schedule D - Income – Gifts – Schedule attached  Schedule D - Income – Gifts – Travel Payments – Schedule attached  Schedule D - Income – Gifts – Travel Payments – Schedule attached  Schedule D - Income – Gifts – Schedule attached  Schedule D - Income – Gifts – Travel Payments – Schedule attached  Schedule D - Income – Gifts – Travel Payments – Schedule attached  Schedule D - Income – Gifts – Travel Payments – Schedule attached  Schedule D - Income – Gifts – Travel Payments – Schedule attached  Schedule D - Income – Gifts – Travel Payments – Schedule attached a	4.		per of pages including this cover page:4			
Schedule A-2 - Investments - schedule attached  Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  None - No reportable interests on any schedule  5. Verification  MAILING ADDRESS (Business or Agency Address Recommended - Public Document)  7800 Katella Ave  Stanton  CA 90680-3123  DAYTIME TELEPHONE NUMBER  (714 ) 379-9222 ext:245  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  04/01/2021 10:01 AM  Signature  Electronic Submission		Schedules 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)  7800 Katella Ave Stanton CA 90680-3123  DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  ( 714 ) 379-9222 ext:245  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 04/01/2021 10:01 AM Signature Electronic Submission		Schedule A-1 - Investments – schedule attached				
-Or- None - No reportable interests on any schedule  5. Verification  MALING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document)  7800 Katella Ave Stanton CA 90680-3123  DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  ( 714 ) 379-9222 ext:245  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 04/01/2021 10:01 AM Signature Electronic Submission						
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document)  7800 Katella Ave Stanton CA 90680-3123  DAYTIME TELEPHONE NUMBER  ( 714 ) 379-9222 ext:245  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 04/01/2021 10:01 AM Signature Electronic Submission		Schedule B - Real Property – schedule attached	Schedule E - Income – Glis – Traver Payments – Schedule attached			
MAILING ADDRESS STREET (CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document)  7800 Katella Ave Stanton CA 90680-3123  DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  ( 714 ) 379-9222 ext:245  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 04/01/2021 10:01 AM Signature Electronic Submission	-(	or- None - No reportable interests on any schedule				
Round   Respect   Recommended - Public Document    7800   Katella   Ave   Stanton   CA   90680-3123     DAYTIME TELEPHONE NUMBER   EMAIL ADDRESS     (714 ) 379-9222 ext:245     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   04/01/2021 10:01   AM   Signature   Electronic Submission	5.	Verification				
7800 Katella Ave Stanton CA 90680-3123  DAYTIME TELEPHONE NUMBER  ( 714 ) 379-9222 ext:245  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 04/01/2021 10:01 AM Signature Electronic Submission			STATE ZIP CODE			
( 714 ) 379-9222 ext:245  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 04/01/2021 10:01 AM Signature Electronic Submission			nton CA 90680-3123			
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  O4/01/2021 10:01 AM  Signature  Electronic Submission		DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
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 04/01/2021 10:01 AM Signature Electronic Submission		( 714 ) 379-9222 ext:245				
Date Signed 04/01/2021 10:01 AM Signature Electronic Submission						
Date digital		I certify under penalty of perjury under the laws of the State of Cali	fornia that the foregoing is true and correct.			
		Date Signed 04/01/2021 10:01 AM (month, day, year)	Signature Electronic Submission  (File the originally signed paper statement with your filing official)			

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

Investments must be itemized. Do not attach brokerage or financial statements

CALIFORNIA FORM <b>700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name
Hong Van

► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Suppression of the Committee of the	A moderation peaks, worth the p
Alphabet Inc	Intel Corp
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Communication Services & Interactive Media	Information Technology - Semiconductors
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 <b>X</b> \$10,001 - \$100,000	\$2,000 - \$10,000 <b>X</b> \$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
X Stock ☐ Other ☐ (Describe)	Stock Other(Describe)
Partnership Olncome Received of \$0 - \$499 Olncome 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:
<u> </u>	<u> </u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Chimera Investment Corp	Main Street Capital Corp
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Financials - REIT	Financials - Capital Markets
FAIR MARKET VALUE	FAIR MARKET VALUE
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Delta Air Lines Inc	Laboratory Corporation of America Holdings
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Industrials - Airlines	Health Care Providers & Services
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>×</b> \$2,000 - \$10,000	\$2,000 - \$10,000 <b>X</b> \$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 Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 20 02 , 26 , 20	03 , 16 , 20
ACQUIRED DISPOSED	ACQUIRED DISPOSED
'	ı

Comments: \_

# 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 Hong Van

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Quest Diagnostics Inc	LogMeIn Inc
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Health Care Providers & Services	Software
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 <b>X</b> \$10,001 - \$100,000	
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	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:
<u>03 , 16 , 20</u> <u>04 , 08 , 20</u>	<u>03 , 17 , 20</u> <u>04 , 06 , 20</u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Iron Mountain Inc	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Equity Real Estate Investment Trusts (REITs)	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 <b>X</b> \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$2,000 - \$10,000	\$100,001 - \$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 Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
12 / 11 / 20 / / 20	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
5 (1000)	
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
\$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:
, , 20 , , 20	, , 20 , , 20
ACQUIRED DISPOSED	ACQUIRED DISPOSED
'	I
Comments:	

# SCHEDULE D Income - Gifts



O1 / O4 / 20				
ADDRESS (Business Address Acceptable)  18101 Von Karman Ave, Suite 1000, Irvine, CA 92612  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  O1 / 04 / 20 \$ 102.63 Holiday Dinner			► NAME OF SOURCE (Not an Acron	pym)
BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  D1 / 04 / 20 s 102.63 Holiday Dinner  J J s J S SUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)			19-	
BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  O1 _/ O4 _/ 20 _ \$102.63			ADDRESS (Business Address Acce	ptable)
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIF  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIF  J J \$	18101 Von Karman Ave,	Suite 1000, Irvine, CA 92612	H	
O1 / O4 / 20 \$102.63 Holiday Dinner  // \$	BUSINESS ACTIVITY, IF ANY, OF	SOURCE	BUSINESS ACTIVITY, IF ANY, OF	SOURCE
D1 / O4 / 20  \$102.63  Holiday Dinner				
	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
	01,04,20 \$102.63	Holiday Dinner	\$	_
NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (Susiness Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	\$			
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)			\$	
BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	NAME OF SOURCE (Not an Acron	nym)	► NAME OF SOURCE (Not an Acron	nym)
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT  J J \$	ADDRESS (Business Address Acce	eptable)	ADDRESS (Business Address Acce	ptable)
J   \$	BUSINESS ACTIVITY, IF ANY, OF	SOURCE	BUSINESS ACTIVITY, IF ANY, OF	SOURCE
J   \$   J   J	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  SNAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	\$		\$	
NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	\$		\$	
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT			\$	
BUSINESS ACTIVITY, IF ANY, OF SOURCE  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT	NAME OF SOURCE (Not an Acron	nym)	► NAME OF SOURCE (Not an Acron	nym)
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT	ADDRESS (Business Address Acce	eptable)	ADDRESS (Business Address Acce	ptable)
	BUSINESS ACTIVITY, IF ANY, OF	SOURCE	BUSINESS ACTIVITY, IF ANY, OF	SOURCE
				DESCRIPTION OF GIFT(S)
/	/\$			
11	/\$			
	/\$		\$	

## CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS CITY OF STANTON **COVER PAGE**

A PUBLIC DOCUMENT

AUG -4 2020

Please type or print in ink.		2020
NAME OF FILER (LAST)	(FIRST)	CITY CMERK'S OFFIC
Van	Hong	Alyce
I. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Stanton		
Division, Board, Department, District, if app	plicable	Your Position
District 2		Council Member
► If filing for multiple positions, list below	or on an attachment. (E	o not use acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at	least one box)	
State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		
City of Stanton		Other
3. Type of Statement (Check at leas		
Annual: The period covered is Janua December 31, 2019.		Leaving Office: Date Left
The period covered is December 31, 2019.	<i></i> , t	
Assuming Office: Date assumed		The period covered is, through the date of leaving office.
✓ Candidate: Date of Election 11/3/2	0 and offic	e sought, if different than Part 1:
l. Schedule Summary (must con Schedules attached	nplete) ► Total n	number of pages including this cover page;
Schedule A-1 - Investments - sche	edule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - sche		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - sche	edule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or None - No reportable intere	ests on any schedul	е
5. Verification		的一种,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是 第一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	Decument)	CITY STATE ZIP CODE
P.O. Box 645; Stanton, CA 90680		
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(424 ) 259-2384	11.	van4stanton@gmail.com
nave used all reasonable diligence in prepherein and in any attached schedules is the	paring this statement. I have and complete. I ackn	ave reviewed this statement and to the best of my knowledge the information contained nowledge this is a public document.
		f California that the foregoing is true and correct.
Date Signed 8/4/20		Signature

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

Investments must be Itemized.

CALIFORNIA FO	<b>70</b> (	ON.
Name		
Hong Alyce Van		

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Alphabet Inc	P TO MILE OF BOOMERS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Communication Services & Interactive Media	The board had a find boardess
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT Stock Other
(Describe) Partnership T Income Received of \$0 - \$499	(Describe)
Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$509 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICÁBLE, LIST DATE:
//	// 19// 19
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
The business	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	
\$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE
\$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,000 Over \$1,000,000
NATURE OF INVESTMENT	
Stock Other	NATURE OF INVESTMENT Stock Other (Describe)
(Describe) Partnership : Income Received of \$0 - \$499	(Describe)
Income Received of \$500 or More (Repart on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF ADDITION F LINE DIFF
	IF APPLICABLE, LIST DATE:
// 19	
	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	OFNEDAL DEGESTION AND ADMINISTRATION AND ADMINISTRA
The boomeou	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	
\$2,000 - \$10,000 \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000   \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$2,600 - \$10,000   \$10,001 - \$100,000   \$100,001 - \$1,000,000   Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other
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:
// 19/	//
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	
yvinityillo, —	

## SCHEDULE C Income, Loans, & Business **Positions**

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Hong Alyce Van	

1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
LogMein, inc	Appfolio, Inc
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
7416 Hollister Ave, Goleta, CA 93117	50 Castilian Dr, Goleta, CA 93117
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Staff Software Engineer	Staff Software Engineer
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$600 - \$1,000 \$1,001 - \$10,000	\$1,000 \$1,000 \$1,000
\$10,001 - \$100,000	\$10,001 - \$100,000 VER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary 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
(Réal property, car, boat, etc.)	(Real property, ear, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, tist each source of \$10,000 or more
(Describe)	(Desgribe)
Other(Describe)	Other
≥ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	(Doscribe)
a retair instainment or credit card transaction, made in t	
NAME OF LEMBER	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence.
	["] D1.D
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	
\$1,001 - \$10,000	Cfty
\$10,001 - \$100,000	Guarantor
To all	
OVER \$100,000	Other
1 1 OVER \$100,000	Other(Describe)

## SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION Name

Hong Alyce Van

► NAME OF SOURCE (Not an Acronym)  Best, Best & Krieger, LLP	► NAME OF SOURCE (Nat an Acronym)
ADDRESS (Business Address Acceptable) 18101 Von Karmen Avenue, Sulte 100, Irvine, CA 92612	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
01 ,04 ,20	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	
▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
NAME OF COURSE (II)	\$
NAME OF SOURCE (Not an Acronym)	➤ NAME OF SOURCE (Not an Aeronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business: Address: Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	-/_/ \$
Comments:	



### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

### **COVER PAGE**

A PUBLIC DOCUMENT

Filed Date: 03/31/2020 12:12 AM SAN: FPPC

Please type or print in ink.	A PUBLIC DOCUMENT	G/ (( V. 1 1 1 G		
NAME OF FILER (LAST)	(FIRST) (MIDDLE)			
Van	Hong			
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
City of Stanton				
Division, Board, Department, District, if applicable	Your Position			
	City Council M	1ember		
► If filing for multiple positions, list below or on an at	cachment. (Do not use acronyms)			
Agency:	Position:			
2. Jurisdiction of Office (Check at least one b	ox)			
☐ State	☐ Judge, Retired Ju (Statewide Jurisdic	dge, Pro Tem Judge, or Court Commissioner ction)		
Multi-County	County of			
■ City of Stanton	Other			
3. Type of Statement (Check at least one box)				
Annual: The period covered is January 1, 2019.  December 31, 2019.	Manager va	Date Left/(Check one circle.)		
The period covered is 04 / 23 / 2019, through December 31, 2019.  One of the period covered is January 1, 2019, through the date of the period covered is January 1, 2019, through the period covered is January 1, 2019, th				
Assuming Office: Date assumed/	/ The period of the date of le	overed is//, through eaving office.		
Candidate: Date of Election	$\_$ and office sought, if different than Part 1: $\_$			
4. Schedule Summary (must complete)	► Total number of pages including to	his cover page:5		
Schedules attached				
Schedule A-1 - Investments – schedule attach	ned Schedule C - Income, Lo	pans, & 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 a	ny schedule			
5. Verification				
MALING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE		
7800 Katella Ave	Stanton	CA 90680-3123		
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
( 714 ) 379-9222 ext:245  I have used all reasonable diligence in preparing this s	totament. I have reviewed this statement and to t	he heat of my knowledge the information contained		
herein and in any attached schedules is true and com		the best of my knowledge the information contained		
I certify under penalty of perjury under the laws o	f the State of California that the foregoing is t	rue and correct.		
Date Signed 03/31/2020 12:12 AM	Signature	Electronic Submission		
(month, day, year)	V <del></del> -1	inally signed paper statement with your filing official.)		

# 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
Hong Van

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Apple Inc	Alphabet Inc
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Information Technology - Hardware	Communication Services & Interactive Media
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000 <b>※</b> \$10,001 - \$100,000	\$2,000 - \$10,000 <b>X</b> \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT  ヌ Stock Other	NATURE OF INVESTMENT  ▼ Stock Other
(Describe)	(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:
	, , 19 , , 19
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Chimera Investment Corp	Intel Corp
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Financials - REIT	Information Technology - Semiconductors
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 <b>X</b> \$10,001 - \$100,000	☐ \$2,000 - \$10,000 <b>※</b> \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
<b>⋉</b> Stock	X Stock
(Describe)  Partnership   Income Received of \$0 - \$499   Income Received of \$500 or More (Report on Schedule C)	(Describe)  Partnership   Income Received of \$0 - \$499   Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 19 , , 19	, , 19 , , 19
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	S 000000000000000000000000000000000000
NAME OF BUSINESS ENTITY  Delta Air Lines Inc	► NAME OF BUSINESS ENTITY  JPMorgan Chase & Co
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Industrials - Airlines	Financials - Banks
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>★</b> \$2,000 - \$10,000	\$2,000 - \$10,000 <b>X</b> \$10,001 - \$100,000
\$100,001 - \$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 ☐ Income Received of \$0 - \$499	(Describe)  ☐ Partnership ☐ Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	ı
Comments:	

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

Investments must be itemized.

Do not attach brokerage or financial statements.

ALIFORNIA FORM 700 AIR POLITICAL PRACTICES COMMISSION
lame
Hong Van

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Main Street Capital Corp	Wells Fargo & Co
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Financials - Capital Markets	Financials - Banks
FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 ★ \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock (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:
, , 19 , , 19	, , 19 12 , 26 , 19
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
\$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)	(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:
	•
	<u>, , 19</u> <u>, , 19</u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
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
\$100,001 - \$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)	(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:
, , 19 , , 19	, , 19 , , 19
ACQUIRED DISPOSED	ACQUIRED DISPOSED
ı	I
Comments:	

## SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Hong Van

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
LogMeIn, Inc	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
7416 Hollister Ave, Goleta, CA 93117	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Staff Software Engineer	
GROSS INCOME RECEIVED	GROSS INCOMERECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000  \$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED  ☐ Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary 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 REPORTIN	IG PERIOD
a retail installment or credit card transaction, made in	cial lending institution, or any indebtedness created as part of n the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ows:  INTEREST RATE  TERM (Months/Years)
	%
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	1
\$1,001 - \$10,000	City
	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other(Describe)
	(Dadina)
Comments:	

# SCHEDULE D Income - Gifts



NAME OF SOURCE (Not an Acronym) Manufactured Housing Educational Trust ADDRESS (ausiness Address Acceptable) 25241 Paseo De Alicia, #120, Laguna Hills, CA 92653 BUSINESS ACTIVITY, IF ANY, OF SOURCE Non-profit Organization DATE (mm/ddlyy) VALUE DESCRIPTION OF GIFT(S)  12 / 04 / 19						
ADDRESS (Business Address Acceptable)  25241 Paseo De Alicia, #120, Laguna Hills, CA 92653 BUSINESS ACTIVITY, IF ANY, OF SOURCE Non-profit Organization DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(s)  12 / 04 / 19	► NAME OF SOURCE	(Not an Acronym)		► NAME OF SOURCE	E (Not an Acronym)	
25241 Paseo De Alicia, #120, Laguna Hills, CA 92653 BUSINESS ACTIVITY, IF ANY, OF SOURCE Non-profit Organization DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  12 / 04 / 19	Manufactured I	Housing Educa	ational Trust			
BUSINESS ACTIVITY, IF ANY, OF SOURCE Non-profit Organization DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  12 / 04 / 19 \$50 Holiday Breakfast  / / \$  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  ### NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  ### DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  ### NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  ### NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  ### NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  ### BUSINESS ACTIVITY, IF ANY, OF SOURCE  ### DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  ### DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	ADDRESS (Business	s Address Acceptabl	<b>e</b> )	ADDRESS (Busines	s Address Acceptab	ile)
Non-profit Organization  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  12 / 04 / 19 \$ 50 Holiday Breakfast  -/	25241 Paseo [	De Alicia, #120	, Laguna Hills, CA 92653	53		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  12 / 04 / 19	THE RESERVE OF THE PERSON NAMED IN COLUMN 1			BUSINESS ACTIVI	TY, IF ANY, OF SO	URCE
12 / 04 / 19	Non-profit Orga	anization				
J   S   S	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
MAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  MAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  MAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	<u>12 , 04 , 19</u>	<u>\$ 50</u>	Holiday Breakfast		\$	
NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  NAME OF SOURCE (Not an Acronym)  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		\$			\$	
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		\$			\$	
BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	NAME OF SOURCE	(Not an Acronym)		► NAME OF SOURCE	E (Not an Acronym)	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)   DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)   DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)   DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	ADDRESS (Business	s Address Acceptabl	e)	ADDRESS (Busines	s Address Acceptab	ole)
	BUSINESS ACTIVIT	Y, IF ANY, OF SOU	JRCE	BUSINESS ACTIVI	TY, IF ANY, OF SO	URCE
J   \$	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
NAME OF SOURCE (Not an Acronym)   NAME OF SOURCE (Not an Acronym)		\$			\$	
NAME OF SOURCE (Not an Acronym)       ► NAME OF SOURCE (Not an Acronym)         ADDRESS (Business Address Acceptable)       ADDRESS (Business Address Acceptable)         BUSINESS ACTIVITY, IF ANY, OF SOURCE       BUSINESS ACTIVITY, IF ANY, OF SOURCE         DATE (mm/dd/yy)       VALUE       DESCRIPTION OF GIFT(S)    DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		\$			\$	
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		\$			\$	
BUSINESS ACTIVITY, IF ANY, OF SOURCE  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	NAME OF SOURCE	(Not an Acronym)		► NAME OF SOURCE	E (Not an Acronym)	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	ADDRESS (Business	s Address Acceptabl	e)	ADDRESS (Busines	s Address Acceptab	ole)
10 100 100 100 100 100 100 100 100 100	BUSINESS ACTIVIT	Y, IF ANY, OF SOU	JRCE	BUSINESS ACTIVI	TY, IF ANY, OF SO	URCE
				46.00		
		\$			\$	
		\$	-		\$	
		\$			\$	
Comments:	Comments:					

# CITY OF STANTON

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received MAR<sup>/ficial</sup> 6e 2019

Please type or print in ink.

### A PUBLIC DOCUMENT

CITY CLERK'S OFFICE

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Van	Hong	Alyce
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Stanton		
Division, Board, Department, District, if app	elicable Yo	ur Position
Planning Commission	P	lanning Commissioner
► If filling for multiple positions, list below	or on an attachment. (Do not use acronyme	s)
Agency:	Po	osition:
2. Jurisdiction of Office (Check at )	least one box)	
☐ State	□ J	udge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of Stanton		Other
3. Type of Statement (Check at lease	t one box)	
Annual: The period covered is Janua December 31, 2018.	ry 1, 2018, through	Leaving Office: Date Left//(Check one circle.)
The period covered is December 31, 2018.	,	The period covered is January 1, 2018, through the date of period covered is January 1, 2018, through 1, 2018, through 1, 2018, through 1, 2018, through 1, 2018, throu
Assuming Office: Date assumed 0	3 <u>, 06 ,   2019                                    </u>	The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought, if different	than Part 1:
4. Schedule Summary (must con	nplete) ► Total number of page	s including this cover page:5
Schedules attached		
Schedule A-1 - Investments - sche		e C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - sche	<del>-</del>	B - Income - Gifts - schedule attached
Schedule B - Real Property - sche	edule attached Schedul	e E - Income - Gifts - Travel Payments - schedule attached
-or-  None - No reportable interes	ests on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public I	CITY Document)	STATE ZIP CODE
7800 Katella Avenue	Stanton	CA 90680
DAYTIME TELEPHONE NUMBER  ( 714 ) 890-4245	EMAIL ADD	ռեss @ci.stanton.ca.us
I have used all reasonable diligence in prep		atement and to the best of my knowledge the information contained
·	the laws of the State of California that th	
nala lana		-11-1
Date Signed <u>03/06/2019</u>	Signature _	10 my and

# 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
Hong Alyce Van
Tiong Alyoc Vali

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Apple Inc	Alphabet Inc
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Information Technology - Hardware	Communication Services & Interactive Media
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 <b>X</b> \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF HIMFOTHERY	
NATURE OF INVESTMENT  X Stock Other	NATURE OF INVESTMENT    X   Stock   Other
(Describe)	(Describe)
☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u> </u>	// 18// 18
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Chimera Investment Corp	Intel Corp
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Financials - REIT	Information Technology - Semiconductors
FAIR MARKET VALUE	
\$2,000 - \$10,000 \times \$10,001 - \$100,000	FAIR MARKET VALUE  \$\bigcirclim{\mathbb{T}} \\$2,000 - \\$10,000  \$\bigcirclim{\mathbb{X}} \\$10,001 - \\$100,000
\$100,001 - \$1,000,000   Over \$1,000,000	\$2,000 - \$10,000  \$10,001 - \$100,000  \$100,000  \$100,000  \$100,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other(Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 10 , , 10	, , , , , , , , , , , , , , , , , , , ,
// <u>18</u> // <u>18</u> ACQUIRED DISPOSED	///
//Oddites	7.0 doined Biol odeb
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Delta Air Lines Inc	JPMorgan Chase & Co
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Industrials - Airlines	Financials - Banks
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>X</b> \$2,000 - \$10,000	☐ \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
(Describe)	(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//18//18_	// 18// 18
ACQUIRED DISPOSED	ACQUIRED DISPOSED
<b>'</b>	, <b>I</b>
Comments:	

# 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 CO	MMISSION
Name	
Hong Alyce Van	

ر.	ommants:	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
		//18//18_
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	Partnership O Income Received of \$0 - \$499 O 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)
	(Describe)	(Describe)
	NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
		Name of the state
	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000	\$2,000 - \$10,000
	FAIR MARKET VALUE	FAIR MARKET VALUE
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
•	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
_	ACQUIRED DISPOSED	ACQUIRED DISPOSED
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	○ Income Received of \$500 or More (Report on Schedule C)	income Received of \$500 or More (Report on Schedule C)
	Partnership O Income Received of \$0 - \$499	(Describe)  Partnership O Income Received of \$0 - \$499
	NATURE OF INVESTMENT  Stock (Describe)	NATURE OF INVESTMENT Stock Other
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
	FAIR MARKET VALUE	FAIR MARKET VALUE
		1
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
<b>•</b>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	// 18// 18	// 18// 18
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	Partnership O Income Received of \$0 - \$499 O 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)
	NATURE OF INVESTMENT  X Stock	Stock Other (Describe)
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	\$2,000 - \$10,000	\$2,000 - \$10,000
	FAIR MARKET VALUE	FAIR MARKET VALUE
	Financials - Capital Markets	Financials - Banks
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Main Street Capital Corp	Wells Fargo & Co
•	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Hong Alyce Van

► 1. INCOME RECEIVED	➤ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
LogMeIn, Inc	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
7416 Hollister Ave, Goleta, CA 93117	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Staff Software Engineer	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \[ \] \$1,000	\$500 - \$1,000  \$1,000
\$10,001 - \$100,000 X OVER \$100,000	\$10,001 - \$100,000 DVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary 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, tist 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 PER	IOD
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
<u> </u> \$500 - \$1,000 	City
<b>\$1,001 - \$10,000</b>	Guarantor
<b>\$10,001 - \$100,000</b>	
OVER \$100,000	Other
	(Describe)
Comments:	

## **SCHEDULE D** Income - Gifts

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

Hong Alyce Van

ADDRESS (Business Address Acceptable) 18101 Von Karman Ave., Suite 100, Irvine, CA 92612	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
06 01 18 250 Scholarship Luncheon	
► NAME OF SOURCE (Not an Acronym)	NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
NAME OF SOURCE (Not an Acronym)  ▶	NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
Comments:	

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

# STATEMENT OF ECONOMIC INTERESTS CITY OF STANLON

### **COVER PAGE**

APR 23 2019

Please type or print in ink.

### A PUBLIC DOCUMENT

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NAME OF FILER (LAST)	(FIRST)	OHY CHARRYS OFFIC
Van	Hong	Alyce
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Stanton		
Division, Board, Department, District, if applicable		Your Position
Planning Commission		Planning Commissioner
▶ If filling for multiple positions, list below or on a	n attachment. (Do not u	ise acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least of	ne box)	
State		Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
Stanton		·
⊠ City of Stanton		Other
3. Type of Statement (Check at least one b	ox)	
Annual: The period covered is January 1, 2 December 31, 2018.	018, through	Leaving Office: Date Left 04 / 23 / 2019 (Check one circle.)
The period covered is/	, through	<ul> <li>The period covered is January 1, 2018, through the date of -or-</li> </ul>
Assuming Office: Date assumed/_		The period covered is _03 / 06 / 2019, through the date of leaving office.
Candidate: Date of Election	and office sough	nt, If different than Part 1:
4. Schedule Summary (must complete Schedules attached	e) ► Total numbe	or of pages including this cover page:5
Schedule A-1 - Investments – schedule a	tached	■ Schedule C - Income, Loans, & Business Positions schedule attached  ■ Company of the Comp
Schedule A-2 - Investments – schedule a		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule a	tached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-  None - No reportable interests o	n any schedule	
5. Verification	ati a mai mini ti di mana mini mana a ti adi anciadan a	dubustuduku, ilian si, dise ushi ushi si sa katustan sa
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documen	CITY	STATE ZIP CODE
7800 Katella Avenue	, Stanton	CA 90680
DAYTIME TELEPHONE NUMBER	Ottanion	EMAIL ADDRESS
( 714 )890-4245		HAvan@ci.stanton.ca.us
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and		iewed this statement and to the best of my knowledge the information contained e this is a public document.
I certify under penalty of perjury under the law	s of the State of Califo	rnia that the foregoing is true and correct.
Date Signed 04/23/2019		Signature Whitery
(month, day, year)		(File the originally signed paper statement with your filing official.)

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

Investments must be itemized. Do not attach brokerage or financial statements.

CALIFORNIA FORM
FAIR POLITICAL PRACTICES COMMISSION
Name
Hong Alyce Van

▶	NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY	
	Apple Inc	Alphabet Inc	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	Information Technology - Hardware	Communication Services & Interactive	Media
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	\$2,000 - \$10,000 <b>X</b> \$10,001 - \$100,000	\$2,000 - \$10,000 \tag{X} \$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	
	X Stock Other	NATURE OF INVESTMENT  Stock Other	
	(Describe)	(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 Cl
			(Nopon on concurs of
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	//18//18 ACQUIRED DISPOSED	//_18//_18	
•	NAME OF BUSINESS ENTITY  Chimera Investment Corp	NAME OF BUSINESS ENTITY Intel Corp	
	·		
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	Financials - REIT	Information Technology - Semiconduct	tors
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	\$2,000 - \$10,000     ▼ \$10,001 - \$100,000       \$100,001 - \$1,000,000     Over \$1,000,000	\$2,000 - \$10,000 <b>X</b> \$10,001 - \$100,	
	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	X Stock Other(Describe)	
	Partnership () Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499	
	income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More	e (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE LIGT DATE.	
	·	IF APPLICABLE, LIST DATE:	
	<u> </u>	// <u>/////</u>	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
▶	NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY	***************************************
	Delta Air Lines Inc	JPMorgan Chase & Co	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	Industrials - Airlines	Financials - Banks	
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	<b>X</b> \$2,000 - \$10,000		
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	)
	NATURE OF INVESTMENT	NATURE OF INVESTMENT	
	X Stock Other	X Stock Other	
	(Describe)  Partnership O Income Received of \$0 - \$499	(Describe) Partnership (Income Received of \$0 - \$499)	
	O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or Mon	e (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	/ / 18 / / 18	/ / 18 / / 18	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
	ı		
Ca	omments:		
	······································		

# 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
Hong Alyce Van

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Main Street Capital Corp	Wells Fargo & Co
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Financials - Capital Markets	Financials - Banks
FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000   <b>X</b>   \$10,001 - \$100,000
☐ \$2,000 - \$10,000	\$1,000,000  \
	NATURE OF INVESTMENT
NATURE OF INVESTMENT  X Stock Other (Describe)	Sel Charles Cathon
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O 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)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//_18//_18	
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 \$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	☐ Stock ☐ Other
(Describe)	(Describe)  Partnership (Income Received of \$0 - \$499
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	☐ Faithership ☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//_18	//18//18 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	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$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 () Income Received of \$0 - \$499	(Describe)  Partnership () Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
1	1
Comments:	

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

CALIFORNIA FORM 700		
FAIR POLITICAL PRACTICES COMMISSION		
Name		
Hong Alyce Van		

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
LogMeIn, Inc	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
7416 Hollister Ave, Goleta, CA 93117	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Staff Software Engineer	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No income - Business Position Only
\$500 - \$1,000\$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 X OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary 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, fist each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	(Describe)
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
LUCUSOT RALANCE RUENA REPORTING PERIOD	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000 	City
\$1,001 - \$10,000	Guarantor
<b>\$10,001 - \$100,000</b>	land
OVER \$100,000	Cther(Describe)
Comments:	

## SCHEDULE D Income - Gifts

Hong Alyce Van

NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Best, Best & Krieger, LLP	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
18101 Von Karman Ave., Suite 100, Irvine, CA 92612	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	DATE (Hillindayy) VALUE DESCRIPTION OF SIL 1(3)
06 01 18 250 Scholarship Luncheon	\$
/	
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
ADDITION (Dualities Additions Acceptable)	ADDITIEGO (Business Audiess Addeptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
/	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
/	
NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (	DATE ( IIII ) NALUE DESCRIPTION OF OUT OF
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
/	
	1
Comments:	

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

# STATEMENT OF ECONOMIC INTERESTITY OF STANTON

### **COVER PAGE**

APR 23 2019

Please type or print in ink.	A PU	BLIC DOCUMENT
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Van	Hong	Alyce
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Stanton		
Division, Board, Department, District, if applicable		Your Position
City Council		City Council Member
► If filing for multiple positions, list below or on an attachr	nent. <i>(Do not ι</i>	
Agency:		Position:
2. Jurisdiction of Office (Check at least one box)	<del>;</del>	
☐ State		Ludge on Court Commissioner (Stateutide Jurisdiation)
		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
☑ City of Stanton		Other
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2018, thro December 31, 2018.	ugh	Leaving Office: Date Left//(Check one circle.)
The period covered is/	, through	<ul> <li>The period covered is January 1, 2018, through the date of portal leaving office.</li> </ul>
■ Assuming Office: Date assumed 04 , 23 , 2	2019	The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sough	nt, if different than Part 1:
4. Schedule Summary (must complete) ► Schedules attached	Total numbe	er of pages including this cover page:5
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 s	ahadula	
-or- <u>None</u> - No reportable interests on any s	cneume	
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)	00	04 00000
7800 Katella Avenue	Stanton	CA 90680
( 714 )890-4245		HAvan@ci.stanton.ca.us
<u> </u>	ant I have rev	iewed this statement and to the best of my knowledge the information contained
herein and in any attached schedules is true and complete	. I acknowledg	e this is a public document.
I certify under penalty of perjury under the laws of the	State of Califo	rnia that the foregoing is true and correct.
Date Signed <u>04/23/2019</u>		Signature Mosfore
(month, day, year)		(File the originally staned paper statement-with your filing official.)

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

Investments must be itemized. Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES C	
Name	
Hong Alyce Van	

•	NAME OF BUSINESS ENTITY Apple Inc	► NAME OF BUSINESS ENTITY Alphabet Inc
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Information Technology - Hardware	Communication Services & Interactive Media
	FAIR MARKET VALUE  \$2,000 - \$10,000  \$100,001 - \$1,000,000  Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT    Stock	NATURE OF INVESTMENT  Stock Other (Describe)  Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/	// <u>18</u> // <u>18</u> ACQUIRED DISPOSED
<b>&gt;</b>	NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
	Chimera Investment Corp  GENERAL DESCRIPTION OF THIS BUSINESS	Intel Corp GENERAL DESCRIPTION OF THIS BUSINESS
	Financials - REIT	Information Technology - Semiconductors
	FAIR MARKET VALUE  \$2,000 - \$10,000  \$\begin{align*} \begin{align*} align*	FAIR MARKET VALUE
	\$2,000 - \$10,000     ★ \$10,001 - \$100,000       \$100,001 - \$1,000,000     ○ Over \$1,000,000	\$2,000 - \$10,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	X Stock (Describe)	X Stock (Describe)
	Partnership O Income Received of \$0 - \$499 O 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)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ / 18 // 18 ACQUIRED DISPOSED	//
<u></u>	NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
	Delta Air Lines Inc	JPMorgan Chase & Co
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Industrials - Airlines	Financials - Banks
	FAIR MARKET VALUE	FAIR MARKET VALUE
	X       \$2,000 - \$10,000       \$100,001 - \$100,000         \$100,001 - \$1,000,000       Over \$1,000,000	\$2,000 - \$10,000   X \$10,001 - \$100,000   100,000   Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	X Stock Other (Describe)	X Stock Other(Describe)
	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
		/ / 18 / / 18
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
Co	omments:	

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

Investments must be itemized. Do not attach brokerage or financial statements.

Name	
Hong Alyce Van	

FAIR POLITICAL PRACTICES COMMISSION

CALIFORNIA FORM

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Main Street Capital Corp	Wells Fargo & Co
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Financials - Capital Markets	Financials - Banks
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000     \$10,001 - \$100,000
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT    Stock	NATURE OF INVESTMENT  X Stock Other
(Describe)  Partnership () Income Received of \$0 - \$499	(Describe) Partnership (Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
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	\$2,000 - \$10,000 \$10,001 - \$100,000
3100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
,	C meaning to part of many paper of contacts of
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
// 18// 18	//18//18_
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
\$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	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Describe (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	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, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 18 / / 18	/ / 18 / / 18
ACQUIRED DISPOSED	ACQUIRED DISPOSED
ı	I
Comments	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Hong Alyce Van

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
LogMeIn, Inc	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
7416 Hollister Ave, Goleta, CA 93117	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Staff Software Engineer	TOOK BUSINESS FUSITION
Stall Software Engineer	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000\$1,001 - \$10,000	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
\$10,001 - \$100,000 X OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary 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	Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)	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
- Possibility	
(Describe)	(Describe)
Other (Describe)	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	IOD .
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	☐ Paral Property
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
<b>\$10,001 - \$100,000</b>	<del>-</del>
OVER \$100,000	Other
	Other (Describe)
Comments:	
1 44 40 14 14 14 11 11 15 15 15 15 15 15 15 15 15 15 15	

# SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

Hong Alyce Van

NAME OF SOURC Best, Best & F		m)	NAME OF SOURCE	E (Not an Acroi	nym)	
ADDRESS (Business Address Acceptable) 18101 Von Karman Ave., Suite 100, Irvine, CA 92612			ADDRESS (Business Address Acceptable)			
BUSINESS ACTIVI			BUSINESS ACTIVIT	TY, IF ANY, OF	SOURCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
06,01,18	\$	Scholarship Luncheon		\$		
	\$			\$		
	\$			\$		
NAME OF SOURC	E (Not an Acrony	m)	► NAME OF SOURCE	E (Not an Acro	пут)	
ADDRESS (Busines	ss Address Accep	etable)	ADDRESS (Busines	ss Address Acc	reptable)	
BUSINESS ACTIVI	ΓΥ, IF ANY, OF S	OURCE	BUSINESS ACTIVIT	ry, <b>if any</b> , of	SOURCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
	\$		//_	\$		
	\$			\$		
	\$			\$		
NAME OF SOURC	E (Not an Acrony	m)	► NAME OF SOURCE	E (Not an Acro	nym)	
ADDRESS (Busines	ss Address Accep	stable)	ADDRESS (Busines	ss Address Acc	peptable)	
BUSINESS ACTIVI	TY, IF ANY, OF S	OURCE	BUSINESS ACTIVIT	ΓΥ, IF ANY, OF	SOURCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
	\$		/	\$		
	\$		//_	\$		
	\$		//	\$		
Comments:						