SWORN COMPLAINT FORM
(Form May Be Subject to Public Disclosure)*

AS REQUIRED BY GOVERNMENT CODE SECTION 83115, please complete the form below to file a sworn complaint with the Fair Political Practices Commission.

Mail the complaint to:
Enforcement Division
Fair Political Practices Commission
428 J Street, Suite 620
Sacramento, CA  95814

NOTE: The Fair Political Practices Commission does not enforce or address violations of the Brown Act, the content of campaign communications, residency requirements, the inappropriate use of public funds or resources (including use of uniforms or equipment), placement of campaign signs or materials on public property, or violation of a local campaign rule or campaign ordinance.

__________________________________________________________

Person Making Complaint

Last Name:    Bui

First Name:   Phat

Street Address:  10071 trask Avenue

City: Garden Grove  State: CA  Zip: 92843

Telephone: (714) 741-5104

Fax: (714) 713-4079

E-mail: phat@phatbui.com

__________________________________________________________

*IMPORTANT NOTICE

Under the California Public Records Act (Gov. Code Section 6250 and following), this sworn complaint and your identity as the complainant may be subject to public disclosure. Unless the Chief of Enforcement deems otherwise, within three business days of receiving your sworn complaint we will send a copy of it to the person(s) you allege violated the law.

In some circumstances, the FPPC may claim your identity is confidential, and therefore not subject to disclosure. A court of law could ultimately make the determination of confidentiality. If you wish the FPPC to consider your identity confidential, do not file the complaint before you contact the FPPC to discuss the complaint at (916) 322-5660 or toll free at (866) 275-3772.
Person(s) Who Allegedly Violated the Political Reform Act: (If there are multiple parties involved, attach additional pages as necessary.)

Last Name: Do

First Name: Andrew

Committee Name: _________________________

(only if applicable)

Street Address: 333 W. Santa Ana Blvd.

City: Santa Ana State: CA Zip: 92701

Telephone: (714) 834-3110

Fax: (714) 834-5754

E-mail: first.district@ocgov.com

Describe, With as Much Particularity as Possible, the Facts Constituting the Alleged Violation(s) and How You Have Personal Knowledge that it Occurred.*

See attached letter and exhibits.

*IMPORTANT! Attach copies of any available documentation that is evidence of the violation, (for example, copies of checks, campaign materials, minutes of meetings, etc., if applicable to the complaint.) Note that a newspaper article is NOT considered evidence of a violation.
Provision(s)/Section(s) of the Political Reform Act Allegedly Violated and When the Violation(s) Occurred: (If specific sections are not known, please provide a brief summary)

California Government Code Section 82025

Name and Addresses of Potential Witnesses, Other than Yourself, if Known:

Last Name: ________________________________________________________________

First Name: ________________________________________________________________

Street Address: _____________________________________________________________

City: __________________________ State: ___________ Zip: ___________

Telephone: (____) _____-___________

Fax: (____) _____-___________

E-mail: ________________________________________________________________
Last Name: _____________________________
First Name: ____________________________
Street Address: _________________________
___________________________________________________________________________
City: __________________ State: _______ Zip: _______
Telephone: (____) ____-___________
Fax: (____) ____-___________
E-mail: _____________________________

###

Last Name: _____________________________
First Name: ____________________________
Street Address: _________________________
___________________________________________________________________________
City: __________________ State: _______ Zip: _______
Telephone: (____) ____-___________
Fax: (____) ____-___________
E-mail: _____________________________

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

[Signature]

5-12-2016

(Please Print Your Name)

(Leave this field blank)

(Please Print Your Name)

Clear Page  Print Page
COMPLAINT

To: Fair Political Practices Commission
    428 J Street, Suite 620
    Sacramento, CA 95814

From: Phat Bui
    Garden Grove City Councilman

Re: Complaint for violations of Government Code Section 82025

I am a resident of Orange County California, a member of the Garden Grove City Council and a candidate for the Orange County Board of Supervisors District 1 in the June 7, 2016 primary election.

COMPLAINT

My opponent, 1st District incumbent Supervisor Andrew Do, has committed several violations of California Government Code 82025 governing payments made at the behest of Supervisor Do by private parties and non-profit organizations to his Deputy Chief of Staff and political campaign worker Tam “Nick” Lecong and organizations controlled by Mr. Lecong.

Supervisor Do reported $35,409 in behested payments to Tam Lecong for a “Public Art/Historic Project.”

Mr. Lecong did not report this money as income on his form 700. Instead he reported $10,000 - $100,000 from a payor with a similar name to a company he owns, T+T Consulting and Translation.

The remaining payments were made to entities called: Hoang SA Tuong SA Foundation, Paracel & Pratly Foundation, & Paracel & Pratly Hoang SA Tuong SA Foundation. These entities are not on the IRS list of organizations which are registered as a non-profit 501 (c)(3).

The City of Garden Grove business license #310958 lists the address of these entities as 8862 Garden Grove Blvd., #205. This office is also used by VietLink Radio, another business owned by Tam Lecong.
There is no evidence that these and other behested payments by Supervisor Do meet the exemption from political contributions under GC 82025 and should therefore be considered unreported political contributions to Supervisor Do in excess of Orange County contribution limits.

In addition, the 803 forms filed by Supervisor Andrew Do do not include the address of the payer or the address of the payee which is required by Government Code Section 82025.

The 803 forms were filed on April 14, 2016, yet the contributions they reported were made between June 5, 2015 and January 8, 2016. This violates the 30 day reporting requirement of Government Code 82025 (2)(B)(iii).

BACKGROUND

According to Form 803 filed by Andrew Do on April 14, 2016 six behested payments were solicited by him for the ostensible purpose of funding a “Mile Square Park Public Art/Historic Project.”

The project was a statue of 13th century Vietnamese hero General Tran Hung Dao.

According to a January 19, 2016 story in the Orange County Register, Supervisor Do “arranged for donors to fund” the statue and two other statues in the park.

According the Form 803, which is attached to this complaint, six donors were contacted by Do for this project.

1. **Payor:** Van Hanh Assembly DBA Chua Lien HOA  
   **Payee:** Tam Lecong  
   **Amount:** $10,490  
   **Date of Payment:** 6/5/2015  
   **Purpose:** Mile Square Park Public Art/Historic Project

2. **Payor:** Van Hanh Assembly DBA Chua Lien HOA  
   **Payee:** Tam Lecong  
   **Amount:** $25,000  
   **Date of Payment:** 12/30/2015  
   **Purpose:** Mile Square Park Public Art/Historic Project

3. **Payor:** Minh T. Nguyen
Payee: Hoang SA Tuong SA Foundation  
Amount: $5,000  
Date of Payment: 12/30/2015  
Purpose: Mile Square Park Public Art/Historic Project

4. Payor: Dalat Supermarket  
Payee: Paracel & Pratly Foundation  
Amount: $5,000  
Date of Payment: 12/19/2015  
Purpose: Mile Square Park Public Art/Historic Project

5. Payor: Family Choice Medical Group  
Payee: Hoang SA Tuong SA Foundation  
Amount: $10,000  
Date of Payment: 1/8/2016  
Purpose: Mile Square Park Public Art/Historic Project

6. Payor: United Care Medical Group  
Payee: Paracel & Pratly Hoang SA Tuong Foundation  
Amount: $5,000  
Date of Payment: 1/7/2016  
Purpose: Mile Square Park Public Art/Historic Project

**BASIS OF COMPLAINT**

California Government Code Section 82015 Subsection B Subsection 2 states:

(a) “Contribution” means a payment, a forgiveness of a loan, a payment of a loan by a third party, or an enforceable promise to make a payment except to the extent that full and adequate consideration is received, unless it is clear from the surrounding circumstances that it is not made for political purposes.
(b)(1) A payment made at the behest of a committee as defined in subdivision (a) of Section 82013 is a contribution to the committee unless full and adequate consideration is received from the committee for making the payment.

(2) A payment made at the behest of a candidate is a contribution to the candidate unless the criteria in either subparagraph (A) or (B) are satisfied:
(A) Full and adequate consideration is received from the candidate.
(B) It is clear from the surrounding circumstances that the payment was made for purposes unrelated to his or her candidacy for elective office. The following types of payments are presumed to be for purposes unrelated to a candidate's candidacy for elective office:

(i) A payment made principally for personal purposes, in which case it may be considered a gift under the provisions of Section 82028. Payments that are otherwise subject to the limits of Section 86203 are presumed to be principally for personal purposes.

(ii) A payment made by a state, local, or federal governmental agency or by a nonprofit organization that is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code. [FN1]

(iii) A payment not covered by clause (i), made principally for legislative, governmental, or charitable purposes, in which case it is neither a gift nor a contribution. However, payments of this type that are made at the behest of a candidate who is an elected officer shall be reported within 30 days following the date on which the payment or payments equal or exceed five thousand dollars ($5,000) in the aggregate from the same source in the same calendar year in which they are made. The report shall be filed by the elected officer with the elected officer’s agency and shall be a public record subject to inspection and copying pursuant to subdivision (a) of Section 81008. The report shall contain the following information: name of payor, address of payor, amount of the payment, date or dates the payment or payments were made, the name and address of the payee, a brief description of the goods or services provided or purchased, if any, and a description of the specific purpose or event for which the payment or payments were made. Once the five-thousand-dollar ($5,000) aggregate threshold from a single source has been reached for a calendar year, all payments for the calendar year made by that source must be disclosed within 30 days after the date the threshold was reached or the payment was made, whichever occurs later. Within 30 days after receipt of the report, state agencies shall forward a copy of these reports to the Fair Political Practices Commission, and local agencies shall forward a copy of these reports to the officer with whom elected officers of that agency file their campaign statements.

In this case four of the donors are individuals or private companies: Minh T, Nguyen, Dalat Supermarket, United Care Medical Group and Family Choice Medical Group.

Two of the payments were made between 6/15/2015 and 12/30/2015 directly to Tam “Nick” Lecong, Andrew Do’s political campaign aid and Deputy Chief of Staff. These payments total $35,490.00.
These payments were made by Van Hanh Assembly DBA Chua Lien HOA. This organization is listed on Lecong’s Form 700 as Van Hanh Assembly DBA Chua Lien Hoa Temple (emphasis added). The tax exempt status of this organization is not clear.

The remaining payments were made to entities called: Hoang SA Tuong SA Foundation, Paracel & Pratly Foundation, & Paracel & Pratly Hoang SA Tuong SA Foundation. These entities are not on the IRS list of organizations which are registered as a non-profit 501 (c)(3).

There are missing behested donations that have not been filed.

According to Nguoi Viet Daily Newspaper on January 7, 2016, Andrew Do stated that Nguoi Viet Daily Newspaper donated $39,950 for the General Tran Hung Dao’s statue. If the donation was requested by Andrew Do this donation is not listed on Form 803.

On Tam Lecong’s 2015 Form 700 he reports receiving income from T+T Consulting and Translation of between $10,000 and $100,000. He lists himself as President of T+T Consulting and Translation and he lists Van Hanh Assembly/Lien HOA Temple as the sole source of this income.

Mr. Lecong does not list any income from Van Hanh Assembly DBA Chua Lien HOA as was reported as reported on Supervisor Do’s Form 803 and Supervisor Do does not list T+T Consulting and Translation as a payee on his Form 803.

T+T Consulting and Translation is also a political vendor used by Supervisor Do and was paid $19,600 by Andrew Do for Supervisor 2015.

There has never been an accounting by any of these organizations of how these behested funds were spent.

This raises the question of whether the money solicited by Supervisor Do was actually used for charitable purposes or for political purposes.

It is possible therefore that these payments could be considered unreported campaign contributions to Supervisor Do in excess of the $1,900 maximum contribution allowed under the Orange County “Tin Cup” Campaign Contribution Limitation Ordinance.

I urge you to act in advance of the June 7, 2016 election to determine whether the behested payments recently reported by Supervisor Do might in fact be illegal campaign contributions and whether any other violations of the law may have occurred.
Sincerely,

Phat Bui  
Garden Grove City Councilman  
Candidate for Orange County Board of Supervisors, District 1

CC. Jeanelle Turnwill
License #310958

Business Name: THE PARACEL-PRATLY FOUNDATION (HOANG SA TRUONG SA FOUNDATION)

Owner(s): PHAM, KHIEM
          PHAM, TIMOTHY

Ownership: CORPORATION

Activity: ADMIN OFFICE FOR CULTURAL FOUNDATION

Issued On: 2016-01-20

Expires On: 2016-07-31

Locations

1. Address: 8862 GARDEN GROVE BLVD 205
             GARDEN GROVE, CA 92844

   DBA: THE PARACEL-PRATLY FOUNDATION (HOANG SA TRUONG SA FOUNDATION)

   Phone: (714) 342-3254

The City of Garden Grove Business Operation Tax Division is responsible for the collection of Business Tax.

The method of internal structure of the business; i.e. association, partnership, corporation, sole owner, ... etc. does not affect the tax schedule for the most part.
Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)
   Do, Andrew
   Agency Name
   Orange County Board of Supervisors
   Agency Street Address
   Designated Contact Person (Name and title, if different)

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
   Minh T Nguyen
   Name
   Address

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
   Hoang SA Tuong SA Foundation
   Name
   Address

4. Payment Information (Complete all information.)
   Date of Payment: 12/30/2015
   Amount of Payment: (In-Kind FMV) $ 5,000
   (Round to whole dollars.)
   Payment Type: ☐ Monetary Donation or ☐ In-Kind Goods or Services (Provide description below.)
   Brief Description of In-Kind Payment:

5. Amendment Description and/or Comments
   Describe the legislative, governmental, charitable purpose, or event:

6. Verification
   I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

   Executed on 4/7/16
   By

FPPC Form 803 (December/2015)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. Elected Officer or CPUC Member (Last name, First name)

Do, Andrew
Agency Name
Orange County Board of Supervisors
Agency Street Address

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

United Care Medical Group, Inc.

Name
Address
City
State
Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

Paracel & Pratly Foundation Hoang SA Tuong SA Foundation

Name
Address
City
State
Zip Code

4. Payment Information (Complete all information)

Date of Payment: 1/17/2016
Amount of Payment: (In-Kind Form) $5,000
(Round to whole dollars.)

Payment Type: ☑ Monetary Donation or ☐ In-Kind Goods or Services (Provide description below)

Brief Description of In-Kind Payment:

Purpose: (Check one and provide description below) ☐ Legislative ☐ Governmental ☑ Charitable

Describe the legislative, governmental, charitable purpose, or event: Mile Square Park Public Art/Historic Project

5. Amendment Description and/or Comments


6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 4/7/16
By

FPPC Form 803 (December/2015)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)

Do, Andrew
Agency Name
Orange County Board of Supervisors
Agency Street Address

Designated Contact Person (Name and title, if different)

Area Code/Phone Number E-mail (Optional)

FIL D
APR 14 2016
REGISTRAR OF VOTERS

Date Stamp
Deputy

Date of Original Filing: 4/7/2016
(month, day, year)

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

Datat Supermarket

Name

Address
City
State
Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

Paracel & Pratly Foundation

Name

Address
City
State
Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 12/19/2015 (month, day, year)

Amount of Payment: (In-Kind Payment $ 5,000 (Rounded to whole dollars.)

Payment Type: ☒ Monetary Donation or ☐ In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment:

Purpose: (Check one and provide description below.) ☐ Legislative ☐ Governmental ☒ Charitable

Describe the legislative, governmental, charitable purpose, or event: Mile Square Park Public Art/Historic Project

5. Amendment Description and/or Comments


6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 4/7/14

By

Signature of Elected Officer or CPUC Member

FPPC Form 803 (December/2015)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)
   Do, Andrew
   Agency Name
   Orange County Board of Supervisors
   Agency Street Address

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
   Family Choice Medical Group, Inc.
   Name
   Address

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
   Hoang SA Tuong SA Foundation
   Name
   Address

4. Payment Information (Complete all information.)
   Date of Payment: 1/18/2016
   Amount of Payment: (In-Kind Fee) $ 10,000
   Payment Type:
   ☑ Monetary Donation          or  ☐ In-Kind Goods or Services (Provide description below.)
   Brief Description of In-Kind Payment:
   Purpose: (Check one and provide description below.)
   ☑ Charitable  ☐ Legislative  ☐ Governmental
   Describe the legislative, governmental, charitable purpose, or event: Mile Square Park Public Art/Historic Project

5. Amendment Description and/or Comments

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 4/17/16

By

Signature of Elected Officer or CPUC Member
Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)
   Do, Andrew
   Agency Name
   Orange County Board of Supervisors
   Agency Street Address
   Designated Contact Person (Name and title, if different)

   Area Code/Phone Number  E-mail (Optional)

   Date of Original Filing: 4/7/2016

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
   Van Hanh Assembly DBA Chua Lien HOA
   Name
   Address
   City  State  Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
   Mr. Tam Leong
   Name
   Address
   City  State  Zip Code

4. Payment Information (Complete all information.)
   Date of Payment: 6/5/2015
   Amount of Payment: (In-Kind FMV) $ 10,490
   Payment Type:
     ☐ Monetary Donation  ☐ In-Kind Goods or Services
     ☐ In-Kind Goods or Services (Provide description below)

   Brief Description of In-Kind Payment:

   Purpose: (Check one and provide description below.)
     ☐ Legislative  ☐ Governmental  ☐ Charitable

     Describe the legislative, governmental, charitable purpose, or event:
     Mile Square Park Public Art/Historic Project

5. Amendment Description and/or Comments

6. Verification
   I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

   Executed on 4/7/16

   By

   SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

   FPPC Form 803 (December/2015)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
2. Payor Information (For additional payors, include an attachment with the names and addresses.)

Van Hanh Assembly DBA Chua Lien HOA

Name

Address

City State Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

Mr. Tam Le Cong

Name

Address

City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 12/7/2015

Amount of Payment: (In-Kind FMR) $ 25,000

(Round to whole dollars.)

Payment Type: ☒ Monetary Donation or ☐ In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment:

Purpose: (Check one and provide description below.) ☐ Legislative ☐ Governmental ☒ Charitable

Describe the legislative, governmental, charitable purpose, or event: Mile Square Park Public Art Historic Project

5. Amendment Description and/or Comments


6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 4/7/16

By

Signature of Elected Officer or CPUC Member
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Filed Date: 03/25/2016 02:07 PM
SAN: 041100024-STL-0024

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Leong Tam (Nick)

1. Office, Agency, or Court
Agency Name: (Do not use acronyms)
Board of Supervisors, 1st District
Division, Board, Department, District, if applicable
Your Position
Executive Assistant

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

2. Jurisdiction of Office (Check at least one box)
□ State
□ Multi-County ________________________________
□ City of ________________________________
□ Judge or Court Commissioner (Statewide Jurisdiction)
□ County of Orange ________________________________
□ Other ________________________________

3. Type of Statement (Check at least one box)
□ Annual: The period covered is January 1, 2015, through December 31, 2015.
□ Leaving Office: Date Left ______/______/______
   (Check one)
   The period covered is January 1, 2015, through the date of leaving office.
   □ The period covered is ______/______/______, through the date of leaving office.
□ Assuming Office: Date assumed ______/______/______
□ Candidate: Election year ______ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 4
Schedules attached
□ Schedule A-1 - Investments - schedule attached
□ Schedule A-2 - Investments - schedule attached
□ Schedule B - Real Property - schedule attached
□ Schedule C - Income, Loans, & Business Positions - schedule attached
□ Schedule D - Income - Gifts - schedule attached
□ Schedule E - Income - Gifts - Travel Payments - schedule attached

□ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS STREET CITY STATE ZIP CODE
333 W. Santa Ana Blvd., Suite 469 Santa Ana CA 92701
(Daylight Telephone Number) E-MAIL ADDRESS
(714) 334-3110 ________________________________

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

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

Date Signed 03/25/2016 02:07 PM Signature ________________________________
(month, day, year) (Type the originally signed statement with your legal official
Electronic Submission)
FPCC Form 700 (2015/2016)
FPCC Advice Email: advice@fppc.ca.gov
FPCC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
## SCHEDULE A-1
### Investments
#### Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

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<th>NAME OF BUSINESS ENTITY</th>
<th>GENERAL DESCRIPTION OF THIS BUSINESS</th>
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**Insurance**

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<td>Annuities</td>
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<td>Over $1,000,000</td>
<td>(Describe)</td>
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</table>

IF APPLICABLE, LIST DATE:

- Acquired: / / 15
- Disposed: / / 15

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<td>(Describe)</td>
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<td>Annuities</td>
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<tr>
<td>Over $1,000,000</td>
<td>(Describe)</td>
</tr>
</tbody>
</table>

IF APPLICABLE, LIST DATE:

- Acquired: / / 15
- Disposed: / / 15

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Comments:
## SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

### 1. BUSINESS ENTITY OR TRUST

**T&T Consultant and Translation**

**Name:**
13091 Safford Street, Garden Grove, CA 92843

**Address (Business Address Acceptable):**

- [ ] Trust, go to 2
- [ ] Business Entity, complete the box, then go to 2

**Check one:**
- [ ] Trust, go to 2
- [ ] Business Entity, complete the box, then go to 2

### GENERAL DESCRIPTION OF THIS BUSINESS

**Consulting**

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</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

**NATURE OF INVESTMENT:**
- [ ] Partnership
- [ ] Sole Proprietorship
- [ ] Other

**YOUR BUSINESS POSITION:**
- [ ] President

### 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- [ ] $0 - $499
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] Over $100,000

### 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Always a separate sheet if necessary)

- [ ] None
- [ ] Names listed below

**Van Hanh Assembly/Lien Hoa Temple**

### 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
- [ ] INVESTMENT
- [ ] REAL PROPERTY

**Tuyen D. Leong Trust**

- **Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property:**
  478 River Hwy, Mooresville, NC 28117

- **Description of Business Activity or City or Other Precise Location of Real Property:**

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td></td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>/ / 15</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>/ / 15</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

**NATURE OF INTEREST:**
- [ ] Property Ownership/Deed of Trust
- [ ] Stock
- [ ] Partnership
- [ ] Leasehold
  - [ ] Yes, remaining
  - [ ] Yes, remaining
- [ ] Other

**Spouse's Income Property**

- [ ] Check box if additional schedules reporting investments or real property are attached

### 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- [ ] $0 - $499
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### 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Always a separate sheet if necessary)

- [ ] None
- [ ] Names listed below

### 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
- [ ] INVESTMENT
- [ ] REAL PROPERTY

**Viet Link Radio**

- **Name:**
  13091 Safford Street, Garden Grove, CA 92843

- **Address (Business Address Acceptable):**

- **Check one:**
  - [ ] Trust, go to 2
  - [ ] Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

**Radio Station**

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $1,999</td>
<td></td>
</tr>
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**NATURE OF INVESTMENT:**
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**YOUR BUSINESS POSITION:**
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**Description of Business Activity or City or Other Precise Location of Real Property:**

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**NATURE OF INTEREST:**
- [ ] Property Ownership/Deed of Trust
- [ ] Stock
- [ ] Partnership
- [ ] Leasehold
  - [ ] Yes, remaining
  - [ ] Yes, remaining
- [ ] Other

**Spouse's Income Property**

- [ ] Check box if additional schedules reporting investments or real property are attached

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

<table>
<thead>
<tr>
<th>ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>15021 Sabre Lane **</td>
</tr>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>Huntington Beach, CA 92647</td>
</tr>
<tr>
<td>FAIR MARKET VALUE</td>
</tr>
<tr>
<td>□ $2,000 - $10,000</td>
</tr>
<tr>
<td>□ $10,001 - $100,000</td>
</tr>
<tr>
<td>✔ $100,001 - $1,000,000</td>
</tr>
<tr>
<td>□ Over $1,000,000</td>
</tr>
<tr>
<td>NATURE OF INTEREST</td>
</tr>
<tr>
<td>□ Ownership/Deed of Trust</td>
</tr>
<tr>
<td>□ Leasehold</td>
</tr>
<tr>
<td>Yrs. remaining</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>IF RENTAL PROPERTY, GROSS INCOME RECEIVED</td>
</tr>
<tr>
<td>□ $0 - $499</td>
</tr>
<tr>
<td>□ $500 - $1,000</td>
</tr>
<tr>
<td>□ $1,001 - $10,000</td>
</tr>
<tr>
<td>✔ $10,001 - $100,000</td>
</tr>
<tr>
<td>□ OVER $100,000</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>□ None</td>
</tr>
<tr>
<td><strong>Owned solely by spouse</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>13091 Safford Street</td>
</tr>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>Garden Grove</td>
</tr>
<tr>
<td>FAIR MARKET VALUE</td>
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<td>□ $2,000 - $10,000</td>
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<td>□ None</td>
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<tr>
<td>Primary Residence, not rental property</td>
</tr>
</tbody>
</table>

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

**NAME OF LENDER**

<table>
<thead>
<tr>
<th>ADDRESS (Business Address Acceptable)</th>
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<tr>
<th>BUSINESS ACTIVITY, IF ANY, OF LENDER</th>
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<tr>
<th>INTEREST RATE</th>
<th>TERM (Months/Years)</th>
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</thead>
<tbody>
<tr>
<td>%</td>
<td>□ None</td>
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<thead>
<tr>
<th>HIGHEST BALANCE DURING REPORTING PERIOD</th>
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| Guarantee, if applicable |

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Comments: