## SCHEDULE C Income, Loans, & Business Positions

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A M E N D M E N T

(Other than Gifts and Travel Payments)

► 1. INCOME RECEIVED				► 1. INCOME RECEIVED			
NAME OF SOURCE (	OF INCOME		1	IAME OF SOURC	E OF INCOME		
ADDRESS (Business Address Acceptable)			_    -	ADDRESS (Business Address Acceptable)			
BUSINESS ACTIVITY, IF ANY, OF SOURCE			—    <sub>E</sub>	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
YOUR BUSINESS POSITION			_    '	YOUR BUSINESS POSITION			
GROSS INCOME REC	CEIVED No Income	- Business Position O	nly G	ROSS INCOME I \$500 - \$1,000	RECEIVED	No Income - Business Position Only	
\$10,001 - \$100,000				\$10,001 - \$100,	000	\$1,001 - \$10,000 OVER \$100,000	
Salary Spou	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	(Real property, car, bo	eat, etc.)	_	Sale of	(Real p	property, car, boat, etc.)	
Loan repayment		,		Loan repayment			
Commission or	Rental Income, list each	n source of \$10,000 or mor	re	Commission or	Rental Ind	come, list each source of \$10,000 or more	
	(Describe)		-    -			(Describe)	
Other	(Describe)		_	Other		(Describe)	
* You are not require card transaction, m status. Personal lo	•	commercial lending	institution, or ss on terms a ular course of	any indebtednes /ailable to memb business must b	ers of the publi		
NAME OF LENDER*			11	ITEREST RATE		TERM (Months/Years)	
ADDRESS (Business A	Address Acceptable)		 S	% ECURITY FOR L	None OAN		
DUCINESS ACTIVITY	IE ANY OF LENDER		_	None	Personal r	residence	
BUSINESS ACTIVITY,	IF ANY, OF LENDER			Real Property _		Street address	
HIGHEST BALANCE	DURING REPORTING PI	ERIOD				oncer address	
\$500 - \$1,000				-		City	
\$1,001 - \$10,000				Guarantor			
\$10,001 - \$100,000	)						
OVER \$100,000				Other		(Describe)	
Filer's Verifica	tion						
Print Name	rint Name Office, Agency or Court						
Statement Type	2019/2020 Annual	Annual	Assuming	Leaving	Candidate		
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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.							
Date Signed			Filer's Si	onature			
-att orgined	Filer's Signature						