



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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Brad R. Hill

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
<input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income	<input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income
<input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership	<input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership
<input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i>	<input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i>
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more	<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more
<input type="checkbox"/> Other _____ <i>(Describe)</i>	<input type="checkbox"/> Other _____ <i>(Describe)</i>

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER: New York Life Insurance	INTEREST RATE _____ % <input type="checkbox"/> None	TERM (Months/Years) indeterminate
ADDRESS (Business Address Acceptable) 51 Madison Avenue	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER Insurance	<input type="checkbox"/> Real Property _____ <i>Street address</i>	
HIGHEST BALANCE DURING REPORTING PERIOD	_____ <i>City</i>	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$1,001 - \$10,000	<input checked="" type="checkbox"/> Other loan on my insurance policies	
<input checked="" type="checkbox"/> \$10,001 - \$100,000	<i>(Describe)</i>	
<input type="checkbox"/> OVER \$100,000		

Comments: interest rate is variable



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

Name
Brad R. Hill

- You must 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. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
Association of Business Trial Lawyers

ADDRESS (Business Address Acceptable)
Post Office Box 351649

CITY AND STATE
Los Angeles, California

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Plaintiff & Defense Lawyer Business Trial Association

DATE(S): 04 / 20 / 12 - 04 / 22 / 12 AMT: \$ 782.70
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Travel cost/reimbursement in connection with participation at annual board meeting

▶ NAME OF SOURCE (Not an Acronym)
California Academy of Appellate Lawyers

ADDRESS (Business Address Acceptable)
c/o 15760 Ventura Blvd; 18th floor

CITY AND STATE
Encino, California

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Association of Appellate Counsel /California

DATE(S): 05 / 04 / 12 - 05 / 06 / 12 AMT: \$ 1,315.94
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Travel costs/reimbursement in connection with presentation/participation at annual meeting

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): _____ AMT: \$ _____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): _____ AMT: \$ _____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Comments: _____