



STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE) Schenirer, Jay Harry

1. Office, Agency, or Court

Agency Name (Do not use acronyms) CITY OF SACRAMENTO Division, Board, Department, District, if applicable Your Position Mayor and Council Office City Council

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \*SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

2. Jurisdiction of Office (Check at least one box)

- State Multi-County City of Sacramento Judge or Court Commissioner (Statewide Jurisdiction) County of Other multi-Jurisdictions

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2013, through December 31, 2013 -or- The period covered is through December 31, 2013 Assuming Office: Date assumed Candidate: Election Year 2014 and office sought, if different than Part 1: Leaving Office: Date Left (Check one) The period covered is January 1, 2013, through the date of leaving office. The period covered is through the date of leaving office.

4. Schedule Summary

- Check applicable schedules or "None." Total number of pages including this cover page: 9 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. [Redacted]

I have used all reasonable diligence in preparing this statement. The herein and in any attached schedules is true and complete. I acknowledge I certify under penalty of perjury under the laws of the State of

Date Signed 03/05/2014 (month, day, year)

## Section 1 Additional Agency(ies)/Position(s) for Schenirer, Jay Harry:

Agency	Division, Board, Department, District	Position
Regional Human Rights/Fair Housing Commission	Mayor and Council Office	Member
Sac Metropolitan Cable Commission	Mayor and Council Office	Member
Sac Public Library Authority	Mayor and Council Office	Member
CITY OF SACRAMENTO	Sacramento Regional Arts Facilities Financing Authority	Member
Sac Regional Transit	Mayor and Council Office	Member
Sac Transportation Authority	Mayor and Council Office	Member
Sac Employment & Training Agency	Mayor and Council Office	Member
CITY OF SACRAMENTO - Oversight Board	Mayor and Council Office	Member

# SCHEDULE A-1 Investments

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
Schenirer, Jay Harry

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%) Do not attach brokerage or financial statements.

▶ NAME OF BUSINESS ENTITY  
Geron Corporation

GENERAL DESCRIPTION OF THIS BUSINESS  
Biotech Company

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

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

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

▶ NAME OF BUSINESS ENTITY  
 \_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
 \_\_\_\_\_

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

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

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

▶ NAME OF BUSINESS ENTITY  
 \_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
 \_\_\_\_\_

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

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

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

▶ NAME OF BUSINESS ENTITY  
 \_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
 \_\_\_\_\_

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

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

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

▶ NAME OF BUSINESS ENTITY  
 \_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
 \_\_\_\_\_

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

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

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

▶ NAME OF BUSINESS ENTITY  
 \_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
 \_\_\_\_\_

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

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

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

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

# SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Schenirer, Jay Harry

**▶ 1. BUSINESS ENTITY OR TRUST**

Capitol Impact LLC  
Name  
1107 9th Street Ste. 500  
Sacramento, Ca 95814  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS  
Educational Consulting

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED \_\_\_\_\_ DISPOSED \_\_\_\_\_

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  LLC  
Other \_\_\_\_\_

YOUR BUSINESS POSITION Managing Partner

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

\$0 - \$499  \$10,001 - \$100,000  
 \$500 - \$1,000  OVER \$100,000  
 \$1,001 - \$10,000

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

None  
James Irvine Foundation  
The California Endowment  
Rockefeller Philanthropic Advisors

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

Check one box:  
 INVESTMENT  REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED \_\_\_\_\_ DISPOSED \_\_\_\_\_

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining  Other \_\_\_\_\_

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

**▶ 1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_  
Address (Business Address Acceptable) \_\_\_\_\_  
Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS \_\_\_\_\_

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED \_\_\_\_\_ DISPOSED \_\_\_\_\_

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  Other \_\_\_\_\_

YOUR BUSINESS POSITION \_\_\_\_\_

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

\$0 - \$499  \$10,001 - \$100,000  
 \$500 - \$1,000  OVER \$100,000  
 \$1,001 - \$10,000

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

None

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

Check one box:  
 INVESTMENT  REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED \_\_\_\_\_ DISPOSED \_\_\_\_\_

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining  Other \_\_\_\_\_

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

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

Additional Single Sources of Income of \$10,000 or more for Capitol Impact LLC

The Stuart Foundation

ARCHES

California Education Partners

ADEPT

Policy Impact

The William and Flora Hewlett Foundation

West Contra Costa Unified School District

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name
<u>Schenirer, Jay Harry</u>

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Capitol Impact LLC

ADDRESS (Business Address Acceptable)  
1107 9th Street Ste. 500  
Sacramento, CA 95818

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Consulting

YOUR BUSINESS POSITION  
Managing Partner

GROSS INCOME RECEIVED  
 \$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  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or     Rental Income, list each source of \$10,000 or more

Other Partner Distribution  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
\_\_\_\_\_

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

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

YOUR BUSINESS POSITION  
\_\_\_\_\_

GROSS INCOME RECEIVED  
 \$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  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or     Rental Income, list each source of \$10,000 or more

Other \_\_\_\_\_  
(Describe)

**▶ 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\* \_\_\_\_\_

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

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

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

INTEREST RATE \_\_\_\_\_%     None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence  
 Real Property \_\_\_\_\_  
Street address  
 \_\_\_\_\_  
City  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

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

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
Tim Ray  
 ADDRESS (Business Address Acceptable)  
1215 K Street Suite 1110  
Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
AT&T California

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 29 / 13</u>	<u>\$ 366.00</u>	<u>2 Sacramento Kings Tickets</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Scott Syphax  
 ADDRESS (Business Address Acceptable)  
424 N 7th Street Suite 250  
Sacramento, CA 95811  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Nehemiah Corporation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 07 / 13</u>	<u>\$ 300.00</u>	<u>52 Annual Crocker Ball</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Melissa L. Schwab  
 ADDRESS (Business Address Acceptable)  
655 University Avenue Suite 200  
Sacramento, CA 95825  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Gordon & Rees, LLP

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 11 / 13</u>	<u>\$ 94.00</u>	<u>Basketball Kings Ticket</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Sacramento Association of Realtors  
 ADDRESS (Business Address Acceptable)  
2003 Howe Ave  
Sacramento, CA 95825  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Business Membership Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 07 / 13</u>	<u>\$ 200.00</u>	<u>2 Tickets to Association Reception</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Urban Land Institute  
 ADDRESS (Business Address Acceptable)  
PO Box 2261  
Fair Oaks , CA 95628  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public Policy Institute

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 17 / 13</u>	<u>\$ 75.00</u>	<u>1 Ticket to Annual Dinner</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Region Builders  
 ADDRESS (Business Address Acceptable)  
1331 T Street  
Sacramento, CA 95811  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Business Membership Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 06 / 13</u>	<u>\$ 100.00</u>	<u>Ticket to Annual Reception</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

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

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
Vrilakas Architects  
 ADDRESS (Business Address Acceptable)  
 1221 18th Street  
 Sacramento, CA 95811  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Architects

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 26 / 13	\$ 250.00	2 Tickets to Annual St. Hope Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Sacramento Metro Chamber of Commerce  
 ADDRESS (Business Address Acceptable)  
 1 Capitol Mall Suite 300  
 Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Business Membership Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 20 / 13	\$ 100.00	Study Mission Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Downtown Sacramento Partnership  
 ADDRESS (Business Address Acceptable)  
 980 9th Street Suite 400  
 Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Business Membership Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 08 / 13	\$ 100.00	10 Ice Rink Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
StoneBridge Properties, LLC  
 ADDRESS (Business Address Acceptable)  
 3500 American River Drive  
 Sacramento, CA 95864  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Real Estate Investments

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 13 / 13	\$ 15.00	Box of mandarins
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Pappas Investments  
 ADDRESS (Business Address Acceptable)  
 2020 L Street  
 Sacramento, CA 95811  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Real Estate Investments

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 13 / 13	\$ 50.90	Crane Lake Duet
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Liz Salmi  
 ADDRESS (Business Address Acceptable)  
 431 I Street Suite 202  
 Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Greenwise Joint Venture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 27 / 13	\$ 100.00	Ticket to First Harvest Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 Name  
 Schenirer, Jay Harry

**SCHEDULE D  
 Income - Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
Ann Madden Rice  
 ADDRESS (Business Address Acceptable)  
 4800 2nd Avenue Suite 2100  
 Sacramento, CA 95817  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
UC Davis Health System

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 04 / 13	\$ 90.00	Ticket to Metro Chamber Perspectives
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Gregory Thatch  
 ADDRESS (Business Address Acceptable)  
 1730 I Street Suite 220  
 Sacramento, CA 95811  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 28 / 13	\$ 37.00	Ticket to Salvation Army Luncheon
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Envision RX Options  
 ADDRESS (Business Address Acceptable)  
 1100 Investment Blvd  
 El Dorado Hills, CA 95762  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Pharmaceutical Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 19 / 13	\$ 415.00	2 Tickets to Kings Game
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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