CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

FAIR POLITICAL PRACTICES COMMISSION
2014 MAR -3 PM 5:07

Date Received
Official Use Only
MAR - 3 2014

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Torres	Norma	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California State Senate

Division, Board, Department, District, if applicable: District 32

Your Position: Senator

► 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)*

- [x] State
- [ ] Multi-County _____
- [ ] City of _____
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [ ] County of _____
- [ ] Other _____

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

- [x] **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 _____ 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
- [x] **Schedule A-2** - *Investments* – schedule attached
- [x] **Schedule B** - *Real Property* – schedule attached
- [x] **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- [x] **Schedule D** - *Income – Gifts* – schedule attached
- [ ] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

- [ ] **None** - *No reportable interests on any schedule*

5. Verification

Date Signed 3/1/14
(month, day, year)

Signatur

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: Norma Torres

▶ 1. BUSINESS ENTITY OR TRUST

Name: LT Flooring Company

Address (Business Address Acceptable): 1320 Hillcrest Drive Pomona, CA

Check one
☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS: flooring

FAIR MARKET VALUE
☑ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED ___/___/13 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☑ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION: None

▶ 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 (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
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED ___/___/13 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: Inland Valley Strategic Partners

Address (Business Address Acceptable): 1320 Hillcrest Drive Pomona, CA

Check one
☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS: community outreach & education consulting

FAIR MARKET VALUE
☑ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
09/20/13 ACQUIRED ___/___/13 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☑ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION: None

▶ 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 (Attach a separate sheet if necessary.)

☐ None

Grand Central Recycling

▶ 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
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED ___/___/13 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: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Norma Torres

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
501 Brookside Lane

CITY
Pomona, CA

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

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED ___/___/13 DISPOSED

NATURE OF INTEREST
- ☑ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☑ $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
Ron Valentine

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED ___/___/13 DISPOSED

NATURE OF INTEREST
- ☐ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $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

* 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*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

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

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

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

☐ Guarantor, if applicable

Comments: _____

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Norma Torres

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Mike Renaud

ADDRESS *(Business Address Acceptable)*
26061 Buena Vista Court Laguna Hills, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

YOUR BUSINESS POSITION
n/a

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 vehicle *(Real property, car, boat, etc.)*
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*
- ☐ Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Rodriguez for Assembly 2014

ADDRESS *(Business Address Acceptable)*
217 W. B Street Ontario, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

YOUR BUSINESS POSITION
n/a

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: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Norma Torres

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
SEE ATTACHED
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)
___/___/___	$_____	_____
___/___/___	$_____	_____
___/___/___	$_____	_____

► 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: _____

Norma Torres
Form 700
Schedule E Attachment

NAME OF SOURCE	ADDRESS	BUSINESS ACTIVITY (IF ANY)	DATE	VALUE	DESCRIPTION OF GIFT
Access Dental Plan / Premier Access Insurance Company	8890 California Center Drive Sacramento, CA 95826	insurance	4/22/13	$11.30	Reception food/beverages
Access Dental Plan / Premier Access Insurance Company	8890 California Center Drive Sacramento, CA 95826	insurance	8/19/13	$45.75	Dinner
Association of California Life & Health Insurance Companies	1201 K Street, Suite 1820 Sacramento, CA 95814	n/a	9/25-9/27/13	$440.00	Conference, reception & meals
Boys Republic	1907 Boys Republic Drive Chino, CA 91709	n/a	12/10/13	$69.95	Wreath
California Association of Realtors	525 South Virgil Avenue, Los Angeles, CA 90020	n/a	5/1/13	$59.00	reception food & beverages
California Correctional Peace Officers Association	755 Riverpoint Drive West Sacramento, CA 95605	n/a	11/21/13	$221.24	Dinner
California Democratic Party	1401 21st Street, #200, Sacramento, CA 95811	n/a	2/26/13	$123.94	Dinner
California Independent Petroleum Association	1001 K Street, Sixth Floor, Sacramento, CA 95814	n/a	11/15/13	$293.21	food & beverages
California Issues Forum	1717 I Street Sacramento, CA 95811	n/a	1/29/13	$84.50	Dinner
California Issues Forum	1717 I Street Sacramento, CA 95811	n/a	8/20/13	$85.00	Dinner
California Latino Caucus Leadership PAC	400 Capitol Mall, 22nd Floor, Sacramento, CA 95814	n/a	1/24/13	$131.76	personalized box
California Latino Caucus Leadership PAC	400 Capitol Mall, 22nd Floor, Sacramento, CA 95814	n/a	2/28/13	$86.74	portfolio
California Latino Caucus Leadership PAC	40 Capitol Mall, 22nd Floor Sacramento, CA 95814	n/a	5/2/13	$18.76	Scarf
California Medical Association	1201 J Street, Suite 200 Sacramento, CA 95814	n/a	6/18/13	$61.63	food & beverages
California State Protocol Foundation	11355 West Olympic Blvd., Los Angeles, CA 90064	n/a	2/13/13	$68.53	Dinner

Norma Torres
Form 700
Schedule E Attachment

NAME OF SOURCE	ADDRESS	BUSINESS ACTIVITY (if any)	DATE	VALUE	DESCRIPTION OF GIFT
Casa de Cultura de Guatemala	1138 Wilshire Bl. Suite 300 Los Angeles, Ca. 90017	n/a	8/31/13	$65.00	Tote Bag, vase, dolls
Chino Neighborhood House	4666 Holt Blvd., Montclair, CA 91763	n/a	12/14/13	$60.00	CDs
Consul General of Guatemala	3540 Wilshire Blvd. Los Angeles, CA 90010	n/a	12/12/13	$60.00	Wine
Consulado de Carrera de Mexico en San Bernardino	293 North D Street San Bernardino, CA 92401	n/a	12/19/13	$50.00	Flower arrangement
Senator Jerry Hill	State Capitol Sacramento, CA 95814	n/a	6/18/13	$68.63	Jacket
John A. Perez for Assembly	777 South Figueroa Street, Suite 4050 Los Angeles, CA 90017	n/a	2/26/13	$74.75	Jacket
John A. Perez for Assembly	777 South Figueroa Street, Suite 4050 Los Angeles, CA 90017	n/a	3/8/13	$49.07	food & beverages
Latino Legislative Caucus Foundation	1001 K Street, 6th Floor, Sacramento, CA 95814	n/a	5/6/13	$142.77	framed poster
Pacific Gas & Electric Company	1415 L Street, Ste. 280, Sacramento, CA 95814	energy	1/30/13	$97.05	Dinner
Western State Petroleum Association (WSPA)	1415 L Street, Suite 600 Sacramento, CA 95814	n/a	9/4/13	$330.54	Dinner
YK America	10508 Lower Azusa Rd. Suite 200 El Monte, CA 91731	real estate	12/19/13	$79.99	gift basket

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Norma Torres

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

- **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)*
California Issues Forum
ADDRESS *(Business Address Acceptable)*
1717 I Street
CITY AND STATE
Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
n/a
DATE(S): 12/09/13 - 12/11/13 *(If gift)* AMT: $ 820.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE *(Not an Acronym)*
Civil Justice Assn. of California
ADDRESS *(Business Address Acceptable)*
1201 K Street, Ste. 1850
CITY AND STATE
Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
n/a
DATE(S): 06/28/13 - 06/29/13 *(If gift)* AMT: $ 806.80
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE *(Not an Acronym)*
Democratic Legislative Campaign Committee
ADDRESS *(Business Address Acceptable)*
1401 K Street NW, Ste. 201
CITY AND STATE
Washington, DC
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
n/a
DATE(S): 07/24/13 - 07/26/13 *(If gift)* AMT: $ 800.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE *(Not an Acronym)*
Independent Voter Project
ADDRESS *(Business Address Acceptable)*
101 W. Broadway, Ste. 1460
CITY AND STATE
San Diego, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
n/a
DATE(S): 11/17/13 - 11/21/13 *(If gift)* AMT: $ 2,314.15
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Norma Torres

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

- **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)*
Natl. Assn. of Latino Elected & Appoint Officials Ed Fd
ADDRESS *(Business Address Acceptable)*
1122 W. Washington Blvd., 3rd Floor
CITY AND STATE
Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)
n/a
DATE(S): 08 / 23 / 13 - 08 / 25 / 13 *(If gift)* AMT: $ 1,000.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
transportation, lodging & meals for public policy conference

► NAME OF SOURCE *(Not an Acronym)*
Pacific Policy Research Foundation
ADDRESS *(Business Address Acceptable)*
101 Parkshore Drive. Ste. 100
CITY AND STATE
Folsom, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)
n/a
DATE(S): 11 / 15 / 13 - 11 / 17 / 13 *(If gift)* AMT: $ 800.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
lodging & meal at public policy conference

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): / / - / / *(If gift)* AMT: $
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): / / - / / *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: