

2014 MAR - 3 PM 3:07
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
YEE LELAND Y.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California State Senate
Division, Board, Department, District, if applicable
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)

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

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

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

4. Schedule Summary

- Check applicable schedules or "None." ► Total number of pages including this cover page: _____
- Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 - Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
 - Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached
- or- None - No reportable interests on any schedule

5. Verification



Date Signed _____
(month, day, year)

Signature _____

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 _____

▶ 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 _____/_____/13 _____/_____/13

\$2,000 - \$10,000 ACQUIRED DISPOSED

\$10,001 - \$100,000

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INVESTMENT

Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 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 _____/_____/13 _____/_____/13

\$2,000 - \$10,000 ACQUIRED DISPOSED

\$10,001 - \$100,000

\$100,001 - \$1,000,000

Over \$1,000,000

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

▶ 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

▶ 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 _____/_____/13 _____/_____/13

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

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

▶ 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 _____/_____/13 _____/_____/13

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

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: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name _____

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1849 Shattuck Ave.

CITY
Berkeley, CA

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 / / 13 DISPOSED / / 13

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
Theo Thanopoulos

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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 / / 13 DISPOSED / / 13

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 _____

▶ 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)

▶ 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 TERM (Months/Years)

_____ % None _____

SECURITY FOR LOAN

None Personal residence

Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____

**SCHEDULE D
Income – Gifts**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

▶ NAME OF SOURCE (Not an Acronym)
Coca-Cola Bottling Co. of California

ADDRESS (Business Address Acceptable)
2500 Windy Ridge Parkway, Atlanta, GA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Beverage Manufacturer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3, 11, 13</u>	<u>1.89</u>	<u>1 Bottle Coke</u>
___/___/___	_____	_____
___/___/___	_____	_____

▶ NAME OF SOURCE (Not an Acronym)
Personal Insurance Federation of CA

ADDRESS (Business Address Acceptable)
1201 K St., Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3, 20, 13</u>	<u>42.18</u>	<u>Reception</u>
___/___/___	_____	_____
___/___/___	_____	_____

▶ NAME OF SOURCE (Not an Acronym)
Duarte Fruit Trees

ADDRESS (Business Address Acceptable)
1555 Baldwin Rd., Hudson, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3, 11, 13</u>	<u>10.00</u>	<u>1 Cherry Tree</u>
___/___/___	_____	_____
___/___/___	_____	_____

▶ NAME OF SOURCE (Not an Acronym)
CA Citrus Mutual

ADDRESS (Business Address Acceptable)
512 N. Kaweah Ave, Exeter, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 9, 13</u>	<u>8.65</u>	<u>1 Box Oranges</u>
___/___/___	_____	_____
___/___/___	_____	_____

▶ NAME OF SOURCE (Not an Acronym)
Western Growers

ADDRESS (Business Address Acceptable)
1415 L St. #1060, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3, 19, 13</u>	<u>5.00</u>	<u>Bag of Fruit/Nuts</u>
___/___/___	_____	_____
___/___/___	_____	_____

▶ NAME OF SOURCE (Not an Acronym)
CA Dental Association

ADDRESS (Business Address Acceptable)
1201 K St 14th Floor, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 12, 13</u>	<u>42.46</u>	<u>Reception</u>
___/___/___	_____	_____
___/___/___	_____	_____

Comments: _____

SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ NAME OF SOURCE (Not an Acronym) California Medical Association *Political Action Committee*
ADDRESS (Business Address Acceptable) 1201 J St. Ste 200, Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 15, 13</u>	<u>17.83</u>	<u>Reception</u>
____/____/____	_____	_____
____/____/____	_____	_____

▶ NAME OF SOURCE (Not an Acronym) Personal Care Products Association
ADDRESS (Business Address Acceptable) 1107 17th St. Ste 300, Washington DC
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5, 29, 13</u>	<u>211.49</u>	<u>Reception & Cosmetics</u>
<u>7, 26, 13</u>	<u>216⁰⁰</u>	<u>Nail Polish</u>
____/____/____	_____	_____
____/____/____	_____	_____

▶ NAME OF SOURCE (Not an Acronym) Zuffa LLC, Owner of Ultimate Fighting C
ADDRESS (Business Address Acceptable) P.O. Box 26959, Las Vegas, NV
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 20, 13</u>	<u>300</u>	<u>2 UFC Tickets</u>
____/____/____	_____	_____
____/____/____	_____	_____

▶ NAME OF SOURCE (Not an Acronym) California Rice Commission
ADDRESS (Business Address Acceptable) 1231 I St, Ste. 205, Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6, 18, 13</u>	<u>27.37</u>	<u>Box of Rice</u>
____/____/____	_____	_____
____/____/____	_____	_____

▶ NAME OF SOURCE (Not an Acronym) Toy Industry Association Inc.
ADDRESS (Business Address Acceptable) 1115 Broadway, Ste 400, New York, NY
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5, 15, 13</u>	<u>50</u>	<u>Bag of Toys</u>
____/____/____	_____	_____
____/____/____	_____	_____

▶ NAME OF SOURCE (Not an Acronym) Yum! Brands Inc.
ADDRESS (Business Address Acceptable) 1441 Gardiner Lane, Louisville, KY
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6, 25, 13</u>	<u>15.10</u>	<u>Lunch</u>
____/____/____	_____	_____
____/____/____	_____	_____

Comments: _____

**SCHEDULE D
Income - Gifts**

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name

▶ NAME OF SOURCE (Not an Acronym)
California Grape & Tree Fruit League
ADDRESS (Business Address Acceptable)
979 W. Alluvial, Ste. 107, Fresno, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8,15,13</u>	<u>15.00</u>	<u>Lunch Pail & Fruit</u>
<u> / / </u>	<u> </u>	<u> </u>
<u> / / </u>	<u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
DGA Associates
ADDRESS (Business Address Acceptable)
1201 K St. Ste. 750, Sacramento CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1,1,14</u>	<u>15</u>	<u>Personalized Calendar</u>
<u> / / </u>	<u> </u>	<u> </u>
<u> / / </u>	<u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
California Pawnbrokers Association
ADDRESS (Business Address Acceptable)
1 Capitol Mall, Ste. 320, Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10,25,13</u>	<u>25</u>	<u>Reception</u>
<u> / / </u>	<u> </u>	<u> </u>
<u> / / </u>	<u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
CA Beer Distributors
ADDRESS (Business Address Acceptable)
1415 L St. Ste 890, Sacramento CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5,8,13</u>	<u>20</u>	<u>Lunch</u>
<u> / / </u>	<u> </u>	<u> </u>
<u> / / </u>	<u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Fo Guang Shan Northern CA
ADDRESS (Business Address Acceptable)
3456 S. Glenmark Drive, Hacienda Heights
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11,15,13</u>	<u>30</u>	<u>Food Items</u>
<u> / / </u>	<u> </u>	<u> </u>
<u> / / </u>	<u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
The Popcorn Man
ADDRESS (Business Address Acceptable)
616 Walker Ave, Maywood CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
 / / 	<u>25</u>	<u>Box of Popcorn</u>
<u>1,20,14</u>	<u> </u>	<u> </u>
<u> / / </u>	<u> </u>	<u> </u>

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name _____

▶ NAME OF SOURCE (Not an Acronym)
Taipei Economic & Cultural Office: SF

ADDRESS (Business Address Acceptable)
555 Montgomery St. Ste. 501, S.F., CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2, 24, 14</u>	<u>\$ 35</u>	<u>Box of Chocolate</u>
_ / _ / _	\$ _____	_____
_ / _ / _	\$ _____	_____

▶ 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: _____

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

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name _____ _____

- 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)
University of Southern California
 ADDRESS (Business Address Acceptable)
3551 Trousdale Pkwy, Ste. 260, L.A., CA
 CITY AND STATE

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

DATE(S): 2/27/13 - 2/27/13 AMT: \$ _____
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description Roundtrip Flight
SFO → LAX

▶ 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 _____

▶ 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: _____