



STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Bensoussan, Pamela

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Chula Vista
Division, Board, Department, District, if applicable
City Council
Your Position
Councilmember
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)

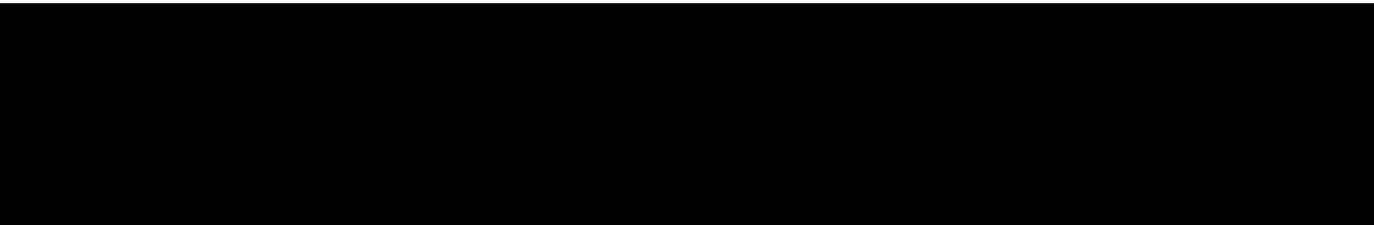
State
Multi-County
City of Chula Vista
Judge or Court Commissioner (Statewide Jurisdiction)
County of San Diego
Other

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

Annual: The period covered is January 1, 2014, through December 31, 2014
-or-
The period covered is _____, through December 31, 2014
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, 2014, 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: 10
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
-or-
None - No reportable interests on any schedule



herein and in any attached schedules is true and complete. I acknowledge that I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 04/01/2015 (month, day, year)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Pamela Bensoussan

Agency	Division/Board/Dept/District	Position	Type of Statement
SANDAG	Board of Directors	Member	Annual 1/1/2014 - 12/31/2014

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Bensooussan, Pamela</u>

▶ 1. BUSINESS ENTITY OR TRUST

Pamela Bensooussan Appraisers
 Name
 616 Second Avenue
 Chula Vista, CA 91910
 Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS		
<u>Appraisers</u>		
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	____/____/____	____/____/____
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input checked="" type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		
NATURE OF INVESTMENT		
<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
YOUR BUSINESS POSITION <u>Principal</u>		

▶ 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 or Names listed below

▶ 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:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

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

▶ 1. BUSINESS ENTITY OR TRUST

Bensooussan Estate Services
 Name
 616 Second Avenue
 Chula Vista, CA 91910
 Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS		
<u>Estate Services</u>		
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	____/____/____	____/____/____
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input checked="" type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		
NATURE OF INVESTMENT		
<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input checked="" type="checkbox"/> S-Corporation
YOUR BUSINESS POSITION <u>Shareholder, Director</u>		

▶ 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 or Names listed below

▶ 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:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

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

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
San Diego Repertory Theatre
 ADDRESS (Business Address Acceptable)
 75 Horton Plaza
 San Diego, CA 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Theatre

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 11 / 14</u>	<u>\$ 65.00</u>	<u>In the time of the butterflies</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Port of San Diego
 ADDRESS (Business Address Acceptable)
 3165 Pacific Highway
 San Diego, CA 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government Entity

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 14 / 14</u>	<u>\$ 45.00</u>	<u>Installation Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Pacific Southwest Association of Realtors
 ADDRESS (Business Address Acceptable)
 880 Canarios Court
 Chula Vista, CA 91910
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 18 / 14</u>	<u>\$ 50.00</u>	<u>Installation Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Planned Parenthood of the Pacific Southwest
 ADDRESS (Business Address Acceptable)
 1075 Camino del Rio South
 San Diego, CA 92108
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 08 / 14</u>	<u>\$ 150.00</u>	<u>Anniversary Dinner</u>
<u>01 / 23 / 14</u>	<u>\$ 60.00</u>	<u>Roe vs. Wade Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
San Diego Regional Chamber of Commerce
 ADDRESS (Business Address Acceptable)
 402 W. Broadway
 San Diego, CA 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 18 / 14</u>	<u>\$ 150.00</u>	<u>OfficersBall</u>
<u>04 / 25 / 14</u>	<u>\$ 65.00</u>	<u>Congressional Luncheon</u>
<u>01 / 31 / 14</u>	<u>\$ 35.00</u>	<u>Visions Luncheon</u>

▶ NAME OF SOURCE (Not an Acronym)
Baldwin & Sons
 ADDRESS (Business Address Acceptable)
 610 W. Ash Street
 San Diego, CA 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Developers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 22 / 14</u>	<u>\$ 150.00</u>	<u>Circulate Dinner</u>
<u>02 / 08 / 14</u>	<u>\$ 75.00</u>	<u>Chula Vista Chamber Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name
 Bensaoussan, Pamela

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
La Jolla Playhouse
 ADDRESS (Business Address Acceptable)
 PO Box 12039
 San Diego, CA 92037
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Theatre

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 19 / 14</u>	<u>\$ 120.00</u>	<u>Esther Dome</u>
<u>07 / 11 / 14</u>	<u>\$ 65.00</u>	<u>The Orphan of Zhao</u>
<u>07 / 19 / 14</u>	<u>\$ 100.00</u>	<u>The Who and the What</u>

▶ NAME OF SOURCE (Not an Acronym)
San Diego Foundation
 ADDRESS (Business Address Acceptable)
 2508 Historic Decatur Rd.
 San Diego, CA 92106
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 21 / 14</u>	<u>\$ 15.00</u>	<u>Members Lunch</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Sea World San Diego
 ADDRESS (Business Address Acceptable)
 500 Sea World Drive
 San Diego, CA 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 20 / 14</u>	<u>\$ 60.00</u>	<u>Explorer Reef Reception</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Environmental Health Coalition
 ADDRESS (Business Address Acceptable)
 2727 Hoover Avenue
 National City, CA 91950
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 10 / 14</u>	<u>\$ 65.00</u>	<u>Awards Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Port Tenants Association
 ADDRESS (Business Address Acceptable)
 Shelter Island
 San Diego, CA 92106
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 24 / 14</u>	<u>\$ 75.00</u>	<u>Anniversary Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Chula Vista Library Foundation
 ADDRESS (Business Address Acceptable)
 365 F Street
 Chula Vista, CA 91910
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 26 / 14</u>	<u>\$ 70.00</u>	<u>Bon Appetit Fundraiser Event</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: _____

SCHEDULE D
Income - Gifts

▶ NAME OF SOURCE (Not an Acronym)
California Women Lead
 ADDRESS (Business Address Acceptable)
1029 K Street
Sacramento, CA 95816
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 16 / 14</u>	<u>\$ 40.00</u>	<u>Networking Lunch</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Christian Youth Theatre
 ADDRESS (Business Address Acceptable)
1545 Pioneer Way
El Cajon, CA 92020
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Theatre

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 16 / 14</u>	<u>\$ 25.00</u>	<u>Little Mermaid</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Savoie Restaurant
 ADDRESS (Business Address Acceptable)
2015 Birch Road
Chula Vista, CA 91914
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Restaurant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 04 / 14</u>	<u>\$ 65.00</u>	<u>Grand Opening Reception</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Teatro Mascara Magica
 ADDRESS (Business Address Acceptable)
1604 Dartmouth Street
Chula Vista, CA 91913
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Theatre

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 18 / 14</u>	<u>\$ 40.00</u>	<u>Pastorela</u>
<u>08 / 13 / 14</u>	<u>\$ 60.00</u>	<u>Odd Couple Dinner and Performance</u>
<u>07 / 23 / 14</u>	<u>\$ 20.00</u>	<u>Board Luncheon</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
San Diego Housing Federation
 ADDRESS (Business Address Acceptable)
110 W. C Street
San Diego, CA 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 12 / 14</u>	<u>\$ 150.00</u>	<u>Ruby Awards</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
San Ysidro Health center
 ADDRESS (Business Address Acceptable)
1275 30th Street
San Diego, CA 92173
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 28 / 14</u>	<u>\$ 75.00</u>	<u>Anniversary Gala</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: _____

SCHEDULE D
Income - Gifts

▶ NAME OF SOURCE (Not an Acronym)
Living Coast Discovery Center
 ADDRESS (Business Address Acceptable)
 1000 Gunpowder Point
 Chula Vista, CA 91911
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 03 / 14	\$ 65.00	Farm to Bay Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Lincoln Club
 ADDRESS (Business Address Acceptable)
 7185 Navajo Road
 San Diego, CA 92119
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 08 / 14	\$ 65.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Casa Familiar
 ADDRESS (Business Address Acceptable)
 147 W. San Ysidro Blvd.
 San Diego, CA 92173
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 22 / 14	\$ 80.00	Abrazo Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Southbay Community Services
 ADDRESS (Business Address Acceptable)
 430 F Street
 Chula Vista, CA 91910
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 06 / 14	\$ 150.00	Annual Gala (Tickets won at raffle)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Old Globe Theatre
 ADDRESS (Business Address Acceptable)
 1363 Old Globe Way
 San Diego, CA 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Theatre

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 13 / 14	\$ 120.00	God of Carnage
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Equinox Center
 ADDRESS (Business Address Acceptable)
 545 Second Street
 Encinitas, CA 92024
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 24 / 14	\$ 35.00	Fundraiser
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
San Diego Maritime Museum
 ADDRESS (Business Address Acceptable)
1492 N. Harbor Drive
San Diego, CA 92101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 27 / 14</u>	<u>\$ 150.00</u>	<u>San Salvador Launch Reception</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
The Charles Company
 ADDRESS (Business Address Acceptable)
9034 W. Sunset Blvd.
W. Hollywood, CA 90069
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 01 / 14</u>	<u>\$ 65.00</u>	<u>Annual Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Southwest Strategies
 ADDRESS (Business Address Acceptable)
6050 Santo Road
San Diego, CA 92124
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 09 / 14</u>	<u>\$ 75.00</u>	<u>Alonzo Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Third Avenue Village Association
 ADDRESS (Business Address Acceptable)
353 Third Avenue
Chula Vista, CA 91910
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 15 / 14</u>	<u>\$ 20.00</u>	<u>Annual Meeting</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></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)
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></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)
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: _____

111400085-NFH-0085

Additional Schedule D Gifts from Teatro Mascara Magica

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06/11/2014	\$25.00	Journey of the Skeletons