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NAME OF FILER (LAST) CLARK (FIRST) CHRISTOPHER  
2015 APR - 5 PM 3:04

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Mountain View  
Division, Board, Department, District, if applicable  
Councilmember

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

Agency: Shoreline Regional Park Community Position: Board Member

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

- State
- Multi-County \_\_\_\_\_
- City of Mountain View
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- 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: 8

- 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

5. [Redacted]

Date Signed 03/31/2015  
(month, day, year)

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Christopher Clark

▶ NAME OF BUSINESS ENTITY  
Green Dot Corporation

GENERAL DESCRIPTION OF THIS BUSINESS  
Financial Services

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 Options (Describe)  
 Partnership     Income Received of \$0 - \$499  
                           Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
     /      / 14         /      / 14  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Green Dot Corporation

GENERAL DESCRIPTION OF THIS BUSINESS  
Financial Services

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:  
     /      / 14    05 / 30 / 14  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Green Dot Corporation

GENERAL DESCRIPTION OF THIS BUSINESS  
Financial Services

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:  
     /      / 14    08 / 29 / 14  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Green Dot Corporation

GENERAL DESCRIPTION OF THIS BUSINESS  
Financial Services

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:  
     /      / 14    10 / 15 / 14  
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:  
     /      / 14         /      / 14  
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:  
     /      / 14         /      / 14  
ACQUIRED                      DISPOSED

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

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

Name  
Christopher Clark

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Green Dot Corporation

ADDRESS (Business Address Acceptable)  
5 Palo Alto Square Suite 800

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Financial Services

YOUR BUSINESS POSITION  
VP

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  
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
Schedule A-2.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or     Rental Income, list each source of \$10,000 or more  
\_\_\_\_\_  
(Describe)

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

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Canonical USA

ADDRESS (Business Address Acceptable)  
10 Maguire Rd Ste 212 Lexington, MA 02421

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Open Source Software

YOUR BUSINESS POSITION  
VP

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  
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
Schedule A-2.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or     Rental Income, list each source of \$10,000 or more  
\_\_\_\_\_  
(Describe)

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  
**Christopher Clark**

▶ NAME OF SOURCE (Not an Acronym)  
**Chinese People's Association for Friendship with**  
ADDRESS (Business Address Acceptable)  
**Foreign Countries, 1 Taijichang St. Beijing 100740**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Non-Profit**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 19 / 14	\$ _____	Cultural Visits (include
_____ / _____ / _____	\$ 112.00	Great Wall, China Folk
06 / 25 / 14	\$ _____	Cultural Village)

▶ NAME OF SOURCE (Not an Acronym)  
**Chinese People's Association for Friendship with**  
ADDRESS (Business Address Acceptable)  
**Foreign Countries, 1 Taijichang St. Beijing 100740**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Non-Profit**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 20 / 14	\$ 35.00	Huangpu River Tour
_____ / _____ / _____	\$ _____	_____
_____ / _____ / _____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Overseas Chinese Affairs Office of the State Council**  
ADDRESS (Business Address Acceptable)  
**35 Fuchengmenwai St. Beijing 100037 PRC**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 22 / 14	\$ 24.00	Wuhan Boat Tour
_____ / _____ / _____	\$ _____	_____
_____ / _____ / _____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Stanford University**  
ADDRESS (Business Address Acceptable)  
**Stanford, CA**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 06 / 14	\$ 231.00	Football Ticket & Food
_____ / _____ / _____	\$ _____	_____
_____ / _____ / _____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**San Francisco 49ers**  
ADDRESS (Business Address Acceptable)  
**4900 Marie P. DeBartolo Way Santa Clara, CA**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**NFL Franchise**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 19 / 14	\$ <b>375.00</b>	Stadium Opening Gala
_____ / _____ / _____	\$ _____	_____
_____ / _____ / _____	\$ _____	_____

▶ 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:** Per FPPC file Nos. 14-071, 14-072, 14-078 & 14-079 request for advice, payments for China trip are not subject to the gift limits because they were provided in connection with a legislative or governmental purpose by both a foreign government and 501 (c)(3) organization.

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

Name  
 Christopher Clark

- 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)  
American Asian Economic & Cultural Association  
 ADDRESS (Business Address Acceptable)  
3140 De La Cruz Blvd. #200  
 CITY AND STATE  
Santa Clara, CA 95054

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

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DATE(S): 06 / 16 / 14 - 06 / 17 / 14 AMT: \$ 675.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Flight CA986 SFO to PEK

▶ NAME OF SOURCE (Not an Acronym)  
Chinese People's Association for Friendship with  
 ADDRESS (Business Address Acceptable)  
Foreign Countries, 1 Taijichang St.  
 CITY AND STATE  
Beijing 100740 PRC

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Non-Profit

---

DATE(S): 06 / 19 / 14 - 06 / 19 / 14 AMT: \$ 148.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Train from Beijing to Shanghai

▶ NAME OF SOURCE (Not an Acronym)  
Chinese People's Association for Friendship with  
 ADDRESS (Business Address Acceptable)  
Foreign Countries, 1 Taijichang St.  
 CITY AND STATE  
Beijing 100740 PRC

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Non-Profit

---

DATE(S): 06 / 17 / 14 - 06 / 18 / 14 AMT: \$ 206.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Two nights stay at the Park Plaza Hotel Beijing

▶ NAME OF SOURCE (Not an Acronym)  
Chinese People's Association for Friendship with  
 ADDRESS (Business Address Acceptable)  
Foreign Countries, 1 Taijichang St.  
 CITY AND STATE  
Beijing 100740 PRC

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Non-Profit

---

DATE(S): 06 / 19 / 14 - 06 / 21 / 14 AMT: \$ 357.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Three nights stay at the Jinjiang Hotel Shanghai

Comments: Per FPPC file Nos. 14-071, 14-072, 14-078 & 14-079 request for advice, these payments are not subject to the gift limits because they were provided in connection with a legislative or governmental purpose by both a foreign government and 501 (c)(3) organization.

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

Name  
 Christopher Clark

- 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)  
 Overseas Chinese Affairs Office of the State Council  
 ADDRESS (Business Address Acceptable)  
 35 Fuchengmenwai St.  
 CITY AND STATE  
 Beijing 100037 PRC  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): 06 / 22 / 14 - 06 / 23 / 14 AMT: \$ 128.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description  
 Two nights stay at the East Lake Conference Center  
 Wuhan

▶ NAME OF SOURCE (Not an Acronym)  
 Chinese People's Association for Friendship with  
 ADDRESS (Business Address Acceptable)  
 Foreign Countires 1 Taijichang St.  
 CITY AND STATE  
 Beijing 100740 PRC  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 non-profit

DATE(S): 06 / 24 / 14 - 06 / 24 / 14 AMT: \$ 151.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description  
 flight CA3353 WUH to SZX

▶ NAME OF SOURCE (Not an Acronym)  
 Chinese People's Association for Friendship with  
 ADDRESS (Business Address Acceptable)  
 Foreign Countries 1 Taijichang St.  
 CITY AND STATE  
 Beijing 100740 PRC  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 non-profit

DATE(S): 06 / 22 / 14 - 06 / 22 / 14 AMT: \$ 152.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description  
 flight MU2508 SHA to WUH

▶ NAME OF SOURCE (Not an Acronym)  
 Chinese People's Association for Friendship with  
 ADDRESS (Business Address Acceptable)  
 Foreign Countries 1 Taijichang St.  
 CITY AND STATE  
 Beijing 100740 PRC  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 non-profit

DATE(S): 06 / 24 / 14 - 06 / 26 / 14 AMT: \$ 372.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description  
 Three nights stay at the Shenzhenair International  
 Hotel Shenzhen

**Comments:** Per FPPC file Nos. 14-071, 14-072, 14-078 & 14-079 request for advice, these payments are not subject to the gift limits because they will be provided in connection with a legislative or governmental purpose by both a foreign government and 501(c)(3) organization. See attached.

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

Name  
 Christopher Clark

- 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)  
American Asian Economic & Cultural Association  
 ADDRESS (Business Address Acceptable)  
3140 De La Cruz Blvd. #200  
 CITY AND STATE  
Santa Clara, CA 95054  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): 06 / 27 / 14 - 06 / 27 / 14 AMT: \$ 379.10  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
flight CA1308 SZX to PEK

▶ NAME OF SOURCE (Not an Acronym)  
Chinese People's Association for Friendship with  
 ADDRESS (Business Address Acceptable)  
Foreign Countires 1 Tajjichang St.  
 CITY AND STATE  
Beijing 100740 PRC  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
non-profit

DATE(S): 06 / 18 / 14 - 06 / 27 / 14 AMT: \$ 266.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
8 days of meals for Beijing, Shanghai, and Shenzhen

▶ NAME OF SOURCE (Not an Acronym)  
American Asian Economic & Cultural Association  
 ADDRESS (Business Address Acceptable)  
3140 De La Cruz Blvd. #200  
 CITY AND STATE  
Santa Clara, CA 95054  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
non-profit

DATE(S): 06 / 27 / 14 - 06 / 27 / 14 AMT: \$ 525.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
flight CA985 PEK to SFO

▶ NAME OF SOURCE (Not an Acronym)  
Chinese People's Association for Friendship with  
 ADDRESS (Business Address Acceptable)  
Foreign Countries 1 Tajjichang St.  
 CITY AND STATE  
Beijing 100740 PRC  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
non-profit

DATE(S): 06 / 17 / 14 - 06 / 27 / 14 AMT: \$ 137.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
8 days of bus rental fee for Beijing, Shanghai, and Shenzhen

Comments: Per FPPC file Nos. 14-071, 14-072, 14-078 & 14-079 request for advice, these payments are not subject to the gift limits because they will be provided in connection with a legislative or governmental purpose by both a foreign government and 501(c)(3) organization. See attached.

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Christopher Clark
--

- 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)  
 Overseas Chinese Affairs Office of the State Council

ADDRESS (Business Address Acceptable)  
 35 Fuchengmenwai St.

CITY AND STATE  
 Beijing 100037 PRC

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

---

DATE(S): 06 / 22 / 14 - 06 / 24 / 14 AMT: \$ 39.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
3 days fo bus rental fees in Wuhan

▶ 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)  
 Overseas Chinese Affairs Office of the State Council

ADDRESS (Business Address Acceptable)  
 35 Fuchengmenwai St.

CITY AND STATE  
 Beijing 100037 PRC

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

---

DATE(S): 06 / 22 / 14 - 06 / 24 / 14 AMT: \$ 72.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
3 days of meals for Wuhan

▶ 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:** Per FPPC file Nos. 14-071, 14-072, 14-078 & 14-079 request for advice, these payments are not subject to the gift limits because they will be provided in connection with a legislative or governmental purpose by both a foreign government and 501(c)(3) organization. See attached.