



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Wolf Janet Joyce

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
Board of Supervisors (87200)  
Division, Board, Department, District, if applicable Your Position  
2nd District Supervisor

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

Agency: SEE ATTACHED LIST Position:

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

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Santa Barbara
- 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 \_\_\_\_\_
- 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.
- 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: 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

-or-  
 **None** - No reportable interests on any schedule

**5. Verification**

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/26/2015 10:40 AM  
(month, day, year)

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
EXPANDED STATEMENT LIST

<b>CALIFORNIA FORM</b> <span style="font-size: 2em; font-weight: bold;">700</span>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <div style="text-align: right; margin-top: 5px;">Janet Wolf</div>

Agency	Position or Title	Jurisdiction	Type of Statement	Period Covered
Air Pollution Control Dist - own code	Governing Board Member	County of Santa Barbara	Annual	01/01/14 - 12/31/14
Association of Governments - own code	Board Member	County of Santa Barbara	Annual	01/01/14 - 12/31/14
LAFCO - own code	Commissioner	County of Santa Barbara	Annual	01/01/14 - 12/31/14
Flood Control & Water Conservation Dist. (C-18)	Members of the Board of Directors	County of Santa Barbara	Annual	01/01/14 - 12/31/14
Water Agency (C-37)	Member of the Board of Directors	County of Santa Barbara	Annual	01/01/14 - 12/31/14
In-Home Care Network-Public Authority (C-24)	Members of the Board of Directors	County of Santa Barbara	Annual	01/01/14 - 12/31/14
Employees's Retirement System (SBCERS) - Own Code	Members of the Board of Retirement	County of Santa Barbara	Annual	01/01/14 - 12/31/14

**SCHEDULE A-1  
Investments**

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <p align="center">Janet Wolf</p>
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▶ NAME OF BUSINESS ENTITY  
**AMGEN**

GENERAL DESCRIPTION OF THIS BUSINESS  
**BIOTECHNOLOGY**

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  
**COMERICA**

GENERAL DESCRIPTION OF THIS BUSINESS  
**BANKING**

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  
**BROOKDALE SENIOR LIVING**

GENERAL DESCRIPTION OF THIS BUSINESS  
**RETIREMENT LIVING**

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  
**DISNEY**

GENERAL DESCRIPTION OF THIS BUSINESS  
**ENTERTAINMENT**

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  
**CHEESECAKE FACTORY**

GENERAL DESCRIPTION OF THIS BUSINESS  
**FOOD SERVICE**

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  
**EBAY**

GENERAL DESCRIPTION OF THIS BUSINESS  
**INTERNET 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      \_\_\_\_\_/\_\_\_\_\_/14  
 ACQUIRED                      DISPOSED

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

# 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

Janet Wolf

▶ NAME OF BUSINESS ENTITY  
**EXPRESS SCRIPTS**

GENERAL DESCRIPTION OF THIS BUSINESS  
**PHARMACEUTICAL PROVIDER**

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  
**MERCK & CO.**

GENERAL DESCRIPTION OF THIS BUSINESS  
**PHARMACEUTICALS**

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  
**GILEAD**

GENERAL DESCRIPTION OF THIS BUSINESS  
**BIOTECHNOLOGY**

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  
**NORDSTROM**

GENERAL DESCRIPTION OF THIS BUSINESS  
**CLOTHING**

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  
**KIMBERLY CLARK**

GENERAL DESCRIPTION OF THIS BUSINESS  
**PAPER PRODUCTS**

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  
**PFIZER**

GENERAL DESCRIPTION OF THIS BUSINESS  
**PHARMACEUTICALS**

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 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

Janet Wolf

▶ NAME OF BUSINESS ENTITY  
**TARGET**

GENERAL DESCRIPTION OF THIS BUSINESS  
**DEPARTMENT STORE**

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  
**YAHOO**

GENERAL DESCRIPTION OF THIS BUSINESS  
**INTERNET PRODCUTS**

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  
**TESCO PLC**

GENERAL DESCRIPTION OF THIS BUSINESS  
**GROCERY**

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  
**ILLUMINA INC.**

GENERAL DESCRIPTION OF THIS BUSINESS  
**GENETIC TESTING**

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:  
01/06/14      \_\_\_\_/\_\_\_\_/14  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**TEVA PHARMACEUTICLAS**

GENERAL DESCRIPTION OF THIS BUSINESS  
**PHARMACEUTICALS**

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  
**TESLA MOTORS INC.**

GENERAL DESCRIPTION OF THIS BUSINESS  
**AUTOMOTIVE**

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:  
02/26/14      \_\_\_\_/\_\_\_\_/14  
ACQUIRED      DISPOSED

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



**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

Name  
 Janet Wolf

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 1355 Bond Street, APN 052,204,014

CITY  
 San Luis Obispo, 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     /    /14      DISPOSED     /    /14

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_       Other \_\_\_\_\_  
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  
Jacob Whelan/Kevin Givens  
Doug McLeod/Donald Wood  
Scott Miller/Alex Nolan

▶ 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     /    /14      DISPOSED     /    /14

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_       Other \_\_\_\_\_  
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      TERM (Months/Years)  
 \_\_\_\_\_%       None

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      TERM (Months/Years)  
 \_\_\_\_\_%       None

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

Guarantor, if applicable

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

**SCHEDULE D**  
**Income – Gifts**

Name  
Janet Wolf

▶ NAME OF SOURCE (Not an Acronym)  
Henry Dubroff  
 ADDRESS (Business Address Acceptable)  
14 E. Carrillo St. Ste A, Santa Barbara, CA 93101  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Editor, Pacific Coast Business Times

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 17 / 14</u>	\$ <u>60</u>	<u>Women in Business Awards</u>
<u>05 / 29 / 14</u>	\$ <u>50</u>	<u>101 One Hundred Awards</u>
<u>08 / 14 / 14</u>	\$ <u>55</u>	<u>Spirit of Small Business Awards</u>

▶ NAME OF SOURCE (Not an Acronym)  
Visit Santa Barbara  
 ADDRESS (Business Address Acceptable)  
500 E. Montecito St., Santa Barbara, CA 93103  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Tourism

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 07 / 14</u>	\$ <u>65</u>	<u>Annual Meeting</u>
<u>    /    /    </u>	\$ <u>        </u>	<u>        </u>
<u>    /    /    </u>	\$ <u>        </u>	<u>        </u>

▶ NAME OF SOURCE (Not an Acronym)  
Pat Nisbett  
 ADDRESS (Business Address Acceptable)  
3000 Ocean Park Blvd. Suite 3010 Santa Monica, CA 90405  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Windsor Management Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 12 / 14</u>	\$ <u>400</u>	<u>2 tickets to Police Activities League event</u>
<u>    /    /    </u>	\$ <u>        </u>	<u>        </u>
<u>    /    /    </u>	\$ <u>        </u>	<u>        </u>

▶ NAME OF SOURCE (Not an Acronym)  
Santa Barbara County Firefighters Local 2046  
 ADDRESS (Business Address Acceptable)  
P.O. Box 517 Goleta, CA 93116  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Fire Protection

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 04 / 14</u>	\$ <u>50</u>	<u>Holiday Party - 2 guests</u>
<u>12 / 22 / 14</u>	\$ <u>55.50</u>	<u>2 boxes See's Candies</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: \_\_\_\_\_

**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)  
 Financial Research Associates LLC

ADDRESS (Business Address Acceptable)  
 18705 NE Cedar Drive

CITY AND STATE  
 Battle Ground, WA 98604

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

DATE(S): 11 / 15 / 14 - 11 / 18 / 14 AMT: \$ 951.28  
 (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)  
 The Nature Conservancy

ADDRESS (Business Address Acceptable)  
 532 E. Main Street, Suite 200

CITY AND STATE  
 Ventura, CA 93001

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

DATE(S): 09 / 29 / 14 - 09 / 30 / 14 AMT: \$ 371.92  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
 informational visit / tour of Santa Cruz Island

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

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

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

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