

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing

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LOS ANGELES COUNTY

CG COVER PAGE

2015 MAR -2 PM 12:14

Please type or print in ink.

NAME OF FILER (LAST) CONVEY (FIRST) MICHAEL (MIDDLE) CAMPAIGN DISCLOSURE SECTION JOHN

1. Office, Agency, or Court

Agency Name (Do not use acronyms) LOS ANGELES COUNTY SUPERIOR COURT  
Division, Board, Department, District, if applicable NORTHWEST DISTRICT  
Your Position SUPERIOR COURT JUDGE

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

Agency: The State Bar of California LEGAL SERVICES TRUST FUND COMMISSION  
Position: Member

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

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

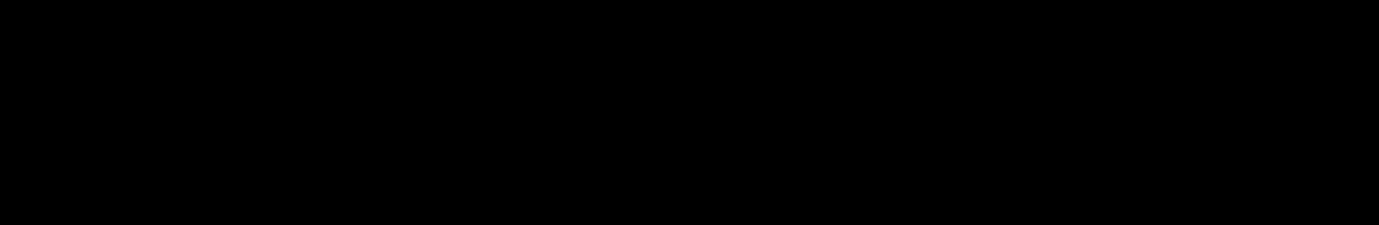
3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2014, through December 31, 2014.   
-or- The period covered is \_\_\_\_\_ through December 31, 2014.  
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.   
Assuming Office: Date assumed \_\_\_\_\_   
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: 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. Verification



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

Date Signed February 25, 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

CONVEY, MICHAEL

NAME OF BUSINESS ENTITY  
SSGA S+P 500 Index Fund  
GENERAL DESCRIPTION OF THIS BUSINESS  
Investment Fund - through former employer plan

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  
American Balanced Fund R4  
GENERAL DESCRIPTION OF THIS BUSINESS  
Investment fund - through former employer plan

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 Bonds, Cash (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  
Mercury General Corporation  
GENERAL DESCRIPTION OF THIS BUSINESS  
Insurance Company - through former employer plan

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  
Clearbridge Small Cap Growth  
GENERAL DESCRIPTION OF THIS BUSINESS  
Investment Fund - through former employer plan

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 Equities, Cash (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  
American Funds Growth Fund R4  
GENERAL DESCRIPTION OF THIS BUSINESS  
Investment Fund - through former employer plan

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  
Iny Science + Technology CLY  
GENERAL DESCRIPTION OF THIS BUSINESS  
Investment Fund - through former employer plan

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.

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>CONVEY, MICHAEL</u>
---

▶ NAME OF BUSINESS ENTITY  
SAVINGS LARGE CAP EQUITY

GENERAL DESCRIPTION OF THIS BUSINESS  
Employee 401(k)/457 savings plan through employer

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  
MetLife (Flexible Premium Life Insurance)

GENERAL DESCRIPTION OF THIS BUSINESS  
Investment Option on employer life insurance through Index 500 Account

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  
SAVINGS STABLE VALUE FUND

GENERAL DESCRIPTION OF THIS BUSINESS  
Employee 401(k)/457 savings plan through employer

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

▶ NAME OF BUSINESS ENTITY  
HORIZONS LARGE CAP EQUITY FUND

GENERAL DESCRIPTION OF THIS BUSINESS  
Employee 401(k)/457 savings plan through employer

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)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
CONVEY, MICHAEL

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
GET TALENT SERVICES, LLC / CBATL, LLC / DTATL, LLC

ADDRESS (Business Address Acceptable)  
P.O. Box 7836 Burbank, CA 91570

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Acting

YOUR BUSINESS POSITION  
Spouse - Actor

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  
WB Studio Enterprises, Inc.

ADDRESS (Business Address Acceptable)  
3400 W. Riverside Dr., Ste. 550 Burbank, CA 91505

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Acting

YOUR BUSINESS POSITION  
Spouse - Actor

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
CONVEY, MICHAEL

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
20th Century Fox Film

ADDRESS (Business Address Acceptable)  
10201 W. Pico Blvd., L.A., CA 90035

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Acting

YOUR BUSINESS POSITION  
Spouse - Actor

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  
Alameda Paying Agent, Inc. for Touchstone TV Productions, LLC / Walt Disney Pictures

ADDRESS (Business Address Acceptable)  
P.O. Box 10125 Lake Buena Vista, FL 32830

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Acting

YOUR BUSINESS POSITION  
Spouse - Actor

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

Name  
CONVEY, MICHAEL

- 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) Beverly Hills Bar Association / Los Angeles County Bar Association  
 ADDRESS (Business Address Acceptable) Meet the Judges Night  
9420 Wilshire Blvd, 2nd Floor  
 CITY AND STATE  
Beverly Hills, CA 90212

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Meet the Judges Night - Dinner + Presentation

DATE(S): 01, 29, 14 (If gift) AMT: \$ 160.00

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

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

▶ NAME OF SOURCE (Not an Acronym) San Fernando Valley Bar Association  
 ADDRESS (Business Address Acceptable) 5567 Reseda Blvd., Ste. 200 Tarzana, CA  
 CITY AND STATE 91356

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Annual Judges Night Dinner

DATE(S): 02, 27, 14 (If gift) AMT: \$ 50.00

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

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

▶ NAME OF SOURCE (Not an Acronym) White, Zuckerman, Warsawsky, Luna + Hunt  
 ADDRESS (Business Address Acceptable) 15490 Ventura Blvd., Ste. 300  
 CITY AND STATE  
Sherman Oaks, CA 91403

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Study Group - Attorneys / speaker

DATE(S): 05, 13, 14 (If gift) AMT: \$ 35.00

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

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

▶ NAME OF SOURCE (Not an Acronym) Illinois Institute of Ground + Leavitt / Continuing Legal Education  
 ADDRESS (Business Address Acceptable) 812 N. Dearborn Street  
 CITY AND STATE  
Chicago, IL 60610-3317

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Family Law Continuing Education program

DATE(S): 06, 05, 14 (If gift) AMT: \$ 100.00

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Dinner Meeting to prepare for conference on 06/06/14.

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

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
CONVEY, MICHAEL

- 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) Illinois Institute of  
Grund + Beavitt/Continuing Legal  
 ADDRESS (Business Address Acceptable)  
812 N. Dearborn Street Education  
 CITY AND STATE  
Chicago, IL 60610-3317

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Family law continuing education program

DATE(S) 06/05/14 - / / AMT: \$ 449.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Hotel - paid by law  
firm sponsoring Family Law Seminar  
at which I was a speaker on 6/6/14.

▶ NAME OF SOURCE (Not an Acronym)  
Peter Walzer, WALZER + MELCHER, LLP  
 ADDRESS (Business Address Acceptable)  
5941 Variel Avenue  
 CITY AND STATE  
Woodland Hills, CA 91367

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Family law continuing education program

DATE(S) 06/06/14 - / / AMT: \$ 40.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Co-presenter Peter  
Walzer, Esq. paid for breakfast during  
meeting to prepare for seminar presentation.

▶ 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: \_\_\_\_\_