Amendment

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

RECEIVED
Date Initial Filing Received
MAR 10 2015
Official Use Only
By
AMENDMENT

Please type or print in ink.

RR

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Burke	Autumn	Roxanne

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
State Assembly

Division, Board, Department, District, if applicable: 62

Your Position: Assembly Member

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

Agency: _____ Position: _____

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FAIR POLITICAL PRACTICES COMMISSION
2015 MAR 11 AM 9:31

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

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

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

- [x] **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:*** 5

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [x] **Schedule A-2** - *Investments* – schedule attached
- [ ] **Schedule B** - *Real Property* – schedule attached
- [x] **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- [x] **Schedule D** - *Income – Gifts* – schedule attached
- [x] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

- [ ] **None** - *No reportable interests on any schedule*

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/10/15 (month, day, year) Signatur

Amendment

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Autumn R. Burke

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST

Name: Mandeville Group, LLC

Address (Business Address Acceptable): 4712 Admiralty Wy., #704, Marina del Rey, CA 90292

Check one: ☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS: Real Estate Consulting

FAIR MARKET VALUE
- ☐ $0 - $1,999
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☑ $100,001 - $1,000,000
- ☐ Over $1,000,000

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

NATURE OF INVESTMENT: ☑ Partnership ☐ Sole Proprietorship ☐ ____ Other

YOUR BUSINESS POSITION: Partner

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☑ OVER $100,000

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

Kerry David, David Kwock, Body Work Yoga

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
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

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

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

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
- ☐ $0 - $1,999
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

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

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
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

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☐ None or ☐ Names listed below

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Check one box: ☐ INVESTMENT ☐ REAL PROPERTY

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

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:

Amendment

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Autumn R. Burke

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

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Autumn Burke for Assembly 2014

ADDRESS *(Business Address Acceptable)*
3605 Long Beach Blvd. Ste. 426, Long Beach, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

YOUR BUSINESS POSITION
Candidate

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

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 (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: _____

Amendment

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Autumn R. Burke

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Southern California Gas Co.
ADDRESS *(Business Address Acceptable)*
555 W. 5th St., Los Angeles, CA 90013
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Energy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 18 / 14	$ 55.66	Meal and Parking
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Mattel PAC
ADDRESS *(Business Address Acceptable)*
333 Continental Blvd., El Segundo, CA 90245
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Toys

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 01 / 14	$ 96.47	Meal
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Democratic Party
ADDRESS *(Business Address Acceptable)*
1830 9th St., Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 06 / 14	$ 73.63	Policy Conference
/ /	$	
/ /	$	

► 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:

Amendment

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Autumn R. Burke

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)*
California Chamber of Commerce
ADDRESS *(Business Address Acceptable)*
1215 K Street, Ste. 1400
CITY AND STATE
Sacramento, CA 95814
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a
DATE(S): 11/11/14 - 11/11/14 *(If gift)* AMT: $ 168.72
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): __/__/__ - __/__/__ *(If gift)* AMT: $
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): __/__/__ - __/__/__ *(If gift)* AMT: $
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): __/__/__ - __/__/__ *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

RECEIVED FEB 25 2015 Date Initial Filing Received Official Use Only By

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Burke	Autumn	Roxanne

RR

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
State Assembly

Division, Board, Department, District, if applicable: 62

Your Position: Assembly Member

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

Agency: _____ Position: _____

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 2015 FEB 25 PM 4:27

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

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

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

- [x] **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:*** 4

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [x] **Schedule A-2** - *Investments* – schedule attached
- [ ] **Schedule B** - *Real Property* – schedule attached
- [x] **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- [x] **Schedule D** - *Income – Gifts* – schedule attached
- [ ] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

- [ ] **None** - *No reportable interests on any schedule*

(c)(1)

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of Califor

(c)(1)

Date Signed 2/25/15
(month, day, year)

(File the originally signed statement with your filing officer.)

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: Autumn R. Burke

1. BUSINESS ENTITY OR TRUST

Name: Mandeville Group, LLC

Address (Business Address Acceptable): 4712 Admiralty Wy., #704, Marina del Rey, CA 90292

Check one: ☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS: Real Estate Consulting

FAIR MARKET VALUE
- ☐ $0 - $1,999
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☑ $100,001 - $1,000,000
- ☐ Over $1,000,000

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

NATURE OF INVESTMENT: ☑ Partnership ☐ Sole Proprietorship ☐ ____ Other

YOUR BUSINESS POSITION: Partner

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☑ OVER $100,000

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

Kerry David, David Kwock, Body Work Yoga

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
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

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

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

---

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
- ☐ $0 - $1,999
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

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

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)

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3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (attach a separate sheet if necessary)

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NATURE OF INTEREST: ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership ☐ Leasehold ____ Yrs. remaining ☐ Other ____

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Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Autumn R. Burke

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Southern California Gas Co.
ADDRESS *(Business Address Acceptable)*
555 W. 5th St., Los Angeles, CA 90013
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Energy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 18 / 14	$ 55.66	Meal and Parking
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Mattel PAC
ADDRESS *(Business Address Acceptable)*
333 Continental Blvd., El Segundo, CA 90245
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Toys

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 01 / 14	$ 96.47	Meal
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Democratic Party
ADDRESS *(Business Address Acceptable)*
1830 9th St., Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 06 / 14	$ 73.63	Policy Conference
/ /	$	
/ /	$	

► 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:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Autumn R. Burke

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.**

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California Chamber of Commerce
ADDRESS *(Business Address Acceptable)*
1215 K Street, Ste. 1400
CITY AND STATE
Sacramento, CA 95814
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a
DATE(S): 11 / 11 / 14 - 11 / 11 / 14 *(If gift)* AMT: $ 168.72
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): / / - / / *(If gift)* AMT: $
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☐ Other - Provide Description

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TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: