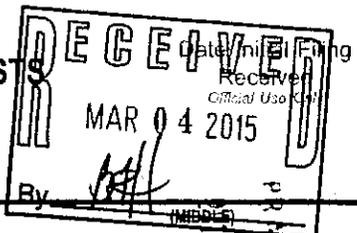


**STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE**



RR

Please type or print in ink.  
 NAME OF FILER (LAST) (FIRST)  
 HOLDEN CHRISTOPHER R.

**1. Office, Agency, or Court**  
 Agency Name (Do not use acronyms)  
 California State Assembly  
 Division, Board, Department, District, if applicable Your Position  
 Assembly District 41 Majority Floor Leader

RECEIVED  
 FAIR POLITICAL PRACTICES COMMISSION  
 MAR 05 PM 2:09

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

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

<input checked="" type="checkbox"/> State	<input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction)
<input type="checkbox"/> Multi-County _____	<input type="checkbox"/> County of _____
<input type="checkbox"/> City of _____	<input type="checkbox"/> Other _____

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

<input checked="" type="checkbox"/> Annual: The period covered is January 1, 2014, through December 31, 2014.	<input type="checkbox"/> Leaving Office: Date Left ____/____/____ (Check one)
-or- The period covered is ____/____/____, through December 31, 2014.	<input type="checkbox"/> The period covered is January 1, 2014, through the date of leaving office.
<input type="checkbox"/> Assuming Office: Date assumed ____/____/____	<input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office.
<input type="checkbox"/> 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: 2

<input type="checkbox"/> Schedule A-1 - Investments - schedule attached	<input type="checkbox"/> Schedule C - Income, Loans, & Business Positions - schedule attached
<input type="checkbox"/> Schedule A-2 - Investments - schedule attached	<input checked="" type="checkbox"/> Schedule D - Income - Gifts - schedule attached
<input type="checkbox"/> Schedule B - Real Property - schedule attached	<input type="checkbox"/> Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-  
 None - No reportable interests on any schedule

5. (d)(5)



# SCHEDULE D Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*  
California Democratic Party  
 ADDRESS *(Business Address Acceptable)*  
1830 9th Street, Sacramento, CA 95811  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 01 / 14</u>	<u>\$ 41</u>	<u>Bowling</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>

▶ 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>

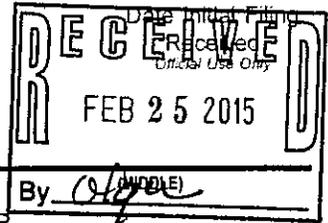
▶ NAME OF SOURCE *(Not an Acronym)*  
 ADDRESS *(Business Address Acceptable)*  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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>

(d)(5)

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

**STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE**



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) R.  
 HOLDEN CHRISTOPHER By: [Signature] (NAME)

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

Agency Name (Do not use acronyms)

California State Assembly

Division, Board, Department, District, if applicable

Assembly District 41

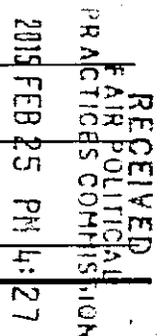
Your Position

Majority Floor Leader

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

Agency: \_\_\_\_\_

Position: \_\_\_\_\_



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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of \_\_\_\_\_  Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2014, through December 31, 2014.  **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  The period covered is January 1, 2014, through the date of leaving office.
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  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 C - Income, Loans, & Business Positions - schedule attached
  - Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached
  - Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-  None - No reportable interests on any schedule

(d)(5)



**SCHEDULE D  
 Income – Gifts**

Name

Christopher R. Holden

▶ NAME OF SOURCE (Not an Acronym)  
 City of Pasadena  
 ADDRESS (Business Address Acceptable)  
 100 North Garfield Avenue, Pasadena, CA 91109  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 01 / 14	\$ 180.00	2 Rose Parade Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Pasadena Tournament of Roses  
 ADDRESS (Business Address Acceptable)  
 391 South Orange Grove Boulevard, Pasadena  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 01 / 14	\$ 180.00	2 Rose Parade Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Parsons  
 ADDRESS (Business Address Acceptable)  
 100 West Walnut Street, Pasadena, CA 91124  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 01 / 14	\$ 180.00	2 Rose Parade Tickets
01 / 01 / 14	\$ 94.00	2 Brunch Tickets
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Scotts Miracle-Gro  
 ADDRESS (Business Address Acceptable)  
 14111 Scottslawn Road, Marysville, OH 43014  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 01 / 14	\$ 200.00	2 Tickets RB Tailgate
01 / 01 / 14	\$ 240.00	2 Tickets Rose Bowl
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Toni Atkins for Assembly 2014  
 ADDRESS (Business Address Acceptable)  
 330 Encinitas Blvd, Ste 101, Encinitas, CA 92024  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 06 / 14	\$ 16.21	Dinner
01 / 22 / 14	\$ 35.00	Dinner
05 / 12 / 14	\$ 44.31	Framed Print

▶ NAME OF SOURCE (Not an Acronym)  
 Toni Atkins for Assembly 2014  
 ADDRESS (Business Address Acceptable)  
 330 Encinitas Blvd, Ste 101, Encinitas, CA 92024  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 11 / 14	\$ 45.54	Dinner
11 / 30 / 14	\$ 33.45	Welcome Reception
12 / 01 / 14	\$ 16.92	Dinner

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

**SCHEDULE D  
 Income – Gifts**

Name

Christopher R. Holden

▶ NAME OF SOURCE (Not an Acronym)  
 Toni Atkins for Assembly 2014

ADDRESS (Business Address Acceptable)  
 330 Encinitas Blvd, Ste 101, Encinitas, CA 92024

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 04 / 14	\$ 34.95	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Ed Voice

ADDRESS (Business Address Acceptable)  
 1107 9th Street, Suite #680, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 19 / 14	\$ 65.36	Luncheon
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Consumer Attorneys of California

ADDRESS (Business Address Acceptable)  
 770 L Street, Suite #1200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 23 / 14	\$ 55.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 California State Floral Association

ADDRESS (Business Address Acceptable)  
 1521 I Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 19 / 14	\$ 16.95	Floral Bouquet
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 California Democratic Party

ADDRESS (Business Address Acceptable)  
 1401 21st Street, #200, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 14	\$ 23.98	Policy Conf. Lunch
02 / 04 / 14	\$ 107.26	Policy Conf. Dinner
11 / 06 / 14	\$ 73.63	Policy Conference

▶ NAME OF SOURCE (Not an Acronym)  
 California Dental Association

ADDRESS (Business Address Acceptable)  
 1201 K Street, 14th Floor, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 19 / 14	\$ 10.00	Lunch/Meeting
03 / 26 / 14	\$ 14.00	Lunch/Meeting
___ / ___ / ___	\$ _____	_____

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

**SCHEDULE D**  
**Income – Gifts**

Name  
 Christopher R. Holden

▶ NAME OF SOURCE (Not an Acronym)  
 American Fed. of State, County & Mun. Employees

ADDRESS (Business Address Acceptable)  
 1121 L Street, Suite #904, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 24 / 14	\$ 109.57	Reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 SoCalGas

ADDRESS (Business Address Acceptable)  
 925 L Street, Suite #650, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 21 / 14	\$ 72.95	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 The Walt Disney Company

ADDRESS (Business Address Acceptable)  
 500 South Vista Street, Burbank, CA 91521

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 10 / 14	\$ 96.00	Reception & Screening
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Sony Pictures

ADDRESS (Business Address Acceptable)  
 10202 West Washington Blvd, Culver City, CA 90232

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 01 / 14	\$ 30.00	Reception & Screening
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Lov Olive Branches

ADDRESS (Business Address Acceptable)  
 P.O. Box 205, Altadena, CA 91003

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 12 / 14	\$ 100.00	Concert Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 California Automatic Vendors Council

ADDRESS (Business Address Acceptable)  
 80 South Lake Ave, Suite 538, Pasadena, CA 91101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 14 / 14	\$ 20.00	Snack Items
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

**SCHEDULE D  
 Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
 Fox Entertainment Group, Inc.  
 ADDRESS (Business Address Acceptable)  
 2121 Avenue of the Stars, Los Angeles, CA 90067  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 11 / 14	\$ 109.75	Reception & Screening
10 / 14 / 14	\$ 109.75	Reception & Screening
12 / 12 / 14	\$ 109.75	Reception & Screening

▶ NAME OF SOURCE (Not an Acronym)  
 California New Car Dealers Association  
 ADDRESS (Business Address Acceptable)  
 1517 L Street, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 25 / 14	\$ 49.89	Reception
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 NBC Universal  
 ADDRESS (Business Address Acceptable)  
 100 Universal City Plaza, Universal City, CA 91608  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 01 / 14	\$ 96.00	Reception & Screening
12 / 19 / 14	\$ 80.00	Reception & Screening
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 California Foundation for Commerce & Education  
 ADDRESS (Business Address Acceptable)  
 1215 K Street, Suite #1400, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 26 / 14	\$ 234.72	Luncheon
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 The Coca-Cola Company  
 ADDRESS (Business Address Acceptable)  
 1334 South Central Avenue, Los Angeles, CA 90021  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 07 / 14	\$ 28.00	Commemorative Bottle
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 Pruitt Consulting, LLC  
 ADDRESS (Business Address Acceptable)  
 1414 K Street, Suite #220, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 27 / 14	\$ 189.81	Dinner
/ /	\$	
/ /	\$	

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

**SCHEDULE D**  
**Income – Gifts**

Name

Christopher R. Holden

▶ NAME OF SOURCE (Not an Acronym)  
Assemblymember Cristina Garcia

ADDRESS (Business Address Acceptable)  
State Capitol, Room 2013, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 19 / 14	\$ 45.95	Jacket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)  
Warner Brothers Studio

ADDRESS (Business Address Acceptable)  
4000 Warner Boulevard, Burbank, CA 91522

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 10 / 14	\$ 90.00	Reception & Screening
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)  
Latino Legislative Caucus Foundation

ADDRESS (Business Address Acceptable)  
777 South Figueroa Street, Ste. 4050, L.A. CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 15 / 14	\$ 36.25	Inauguration/Recept.
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: \_\_\_\_\_

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

Name  
 Christopher R. Holden

- 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)  
 CalChamber

ADDRESS (Business Address Acceptable)  
 1215 K Street, Suite #1400

CITY AND STATE  
 Sacramento, CA 95814

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

DATE(S): 11 / 12 / 14 - 11 / 13 / 14 AMT: \$ 355.90  
 (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)  
 California Independent Petroleum Association

ADDRESS (Business Address Acceptable)  
 1001 K Street, 6th Floor

CITY AND STATE  
 Sacramento, CA 95814

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

DATE(S): 12 / 04 / 14 - 12 / 05 / 14 AMT: \$ 858.40  
 (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 \_\_\_\_\_

▶ 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: \_\_\_\_\_