GP

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 12 MAR 30 PM 2:38

ELECTIONS
Date Received
Official Use Only
MAR 28 2012
Received

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
ONETO	BRIAN	D

1. Office, Agency, or Court

Agency Name
AMADOR COUNTY BOARD OF SUPERVISORS

Division, Board, Department, District, if applicable: DISTRICT 5

Your Position: SUPERVISOR

► If filing for multiple positions, list below or on an attachment.

Agency: See attached list

Position:

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

- ☐ State
- ☒ Multi-County SEE ATTACHED LIST
- ☐ City of
- ☐ 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, 2011, through December 31, 2011.

-or-

The period covered is ___/___/___, through December 31, 2011.

☐ **Assuming Office:** Date assumed ___/___/___

☐ **Candidate:** Election Year ___ Office sought, if different than Part 1:

☐ **Leaving Office:** Date Left ___/___/___ *(Check one)*

- ○ The period covered is January 1, 2011, 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:*** 10

- ☑ **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-

I have used all reasonable diligence in preparing this statement. I have reviewed this herein and in any attached schedules is true and complete. I acknowledge this is a

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

Date Signed March 14, 2012 (month, day, year) **Signatur**

Additional Board and Commission seats held by Supervisor Brian Oneto in 2011

*Central Sierra Planning Council/Economic Development District

*Amador-Tuolumne Community Action Agency (A-TCAA)

*Calaveras Amador Mokelumne River Authority (CAMRA)

*California State Association of Counties (CSAC) (alternate member)

*Central Sierra Child Support Agency (alternate member)

*Local Agency Formation Commission (LAFCO) (alternate member)

*Mountain Counties Air Basin (MCAB) and Mountain Counties Water Resources

*Regional Council of Rural Counties (alternate member)

*Sacramento Mother Lode Regional Association of Counties

***JURISDICTION OF OFFICE (MULTI-COUNTY)**

Alameda	Glenn	Marin	Placer	San	Stanislaus
Alpine	Humboldt	Mariposa	Plumas	Mateo	Sutter
Amador	Imperial	Mendocino	Riverside	Santa	Tehama
Butte	Inyo	Merced	Sacramento	Barbara	Trinity
Calaveras	Kern	Modoc	San Benito	Santa	Tulare
Colusa	Kings	Mono	San	Clara	Tuolumne
Contra	Lake	Monterey	Bernardino	Santa	Ventura
Costa	Lassen	Napa	San Diego	Cruz	Yolo
Del Norte	Los	Nevada	San	Shasta	Yuba
El Dorado	Angeles	Orange	Francisco	Sierra	
Fresno	Madera		San Joaquin	Siskiyou	
			San Luis	Solano	
			Obispo	Sonoma	

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
ONETO, BRIAN

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:

___/___/ 11 ACQUIRED ___/___/ 11 DISPOSED

Comments: _____

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: ONETO, BRIAN

▶ 1. BUSINESS ENTITY OR TRUST

Name: Brian Oneto Timber

Address (Business Address Acceptable): P.O. Box 95 Dryfaon, CA 95699

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Logging

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:
___/___/11 ACQUIRED
___/___/11 DISPOSED

NATURE OF INVESTMENT
☑ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION: Owner

▶ 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.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD 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: None

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:
___/___/11 ACQUIRED
___/___/11 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: Brian Oneto Cattle

Address (Business Address Acceptable):

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Cattle Ranching

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:
___/___/11 ACQUIRED
___/___/11 DISPOSED

NATURE OF INVESTMENT
☑ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION: Owner

▶ 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.)

Cattlemans Livestock Market
Schnitzers
Escalon Livestock Market Inc.

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD 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: None

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:
___/___/11 ACQUIRED
___/___/11 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:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
ONETO, BRIAN

SCHEDULE B
Interests in Real Property
(Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
Amador County Assessors' Parcel

CITY
#008-130-049-000

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

IF APPLICABLE, LIST DATE:
___/___/11 ACQUIRED ___/___/11 DISPOSED

NATURE OF INTEREST
- ☑ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ 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.

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
Amador County Assessors

CITY
Parcel #008-130-048-000

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

IF APPLICABLE, LIST DATE:
___/___/11 ACQUIRED ___/___/11 DISPOSED

NATURE OF INTEREST
- ☑ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ 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.

* 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*
Joseph Vaira/Doris Bertolotti

ADDRESS *(Business Address Acceptable)*
P.O. Box 104 Drytown, CA 95699

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE
4½ %
☐ None

TERM (Months/Years)
9 years

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
_____ %
☐ None

TERM (Months/Years)

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

☐ Guarantor, if applicable

Comments: See attachments (pages 1 & 2) for rest of interests in real property.

2011

Attachment to Schedule B - Interests in real property
Amador County Assessor
Parcel #

(1

A.P.N. # 008-130-017 Value $100,000 - $1,000,000.
16850 State Highway 49 Plymouth, CA
ownership.

A.P.N. # 008-140-001-000 Value $10,000 - $100,000
ownership.

A.P.N. # 010-032-008-502 value under $2,000
ownership - mineral rights only.

A.P.N. # 010-061-013-502 Value under $2,000
ownership - mineral rights only.

A.P.N. # 010-062-002-502 Value under $2,000
ownership - mineral rights only.

A.P.N. # 021-100-070-000 Value $10,000 - $100,000
ownership.

A.P.N. # 030-040-022-000 Value $10,000 - $100,000
ownership.

A.P.N. # 030-050-016-000 Value $10,000 - $100,000
ownership

030-050-058-000 Value $10,000 - $100,000

2011

(2)

Attachment to Schedule B- Interests in Real Property.

Amador County Assessors Parcel #

A.P.N. # 030-040-035-000 Value $10,000 - $100,000
ownership

A.P.N. # 040-030-078-000 Value $10,000-$100,000
ownership

A.P.N. # 025-020-026-000 Value $10,000 - $100,000
ownership

A.P.N. # 025-050-016-000 Value $2,000 - $10,000
ownership

* possessory Interest - Mining claim
Assessment # 860-000-186-000
Value $5,541.00

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
ONETO, BRIAN

▶ 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
☐ Loan repayment ☐ Partnership
☐ Sale of _____ *(Real property, car, boat, etc.)*
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
☐ 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
☐ Loan repayment ☐ Partnership
☐ Sale of _____ *(Real property, car, boat, etc.)*
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
☐ 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: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: ONETO, BRIAN

SCHEDULE D
Income – Gifts

► NAME OF SOURCE: Amador Vintners
ADDRESS (Business Address Acceptable): P.O. Box 667 Plymouth, CA 95669
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
March 5 + 6, 2011	2@$25.00 $50.00	2 tickets Big Crush
Oct. 1 + 2,	2@$50.00 $100.00	2 tickets Behind the cellar Door
/ /	$	
/ /	$	

► NAME OF SOURCE: Amador County Wine Grape Growers Association
ADDRESS (Business Address Acceptable): P.O. Box 718 Plymouth, CA 95669
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7, 30 2011	$ 60	(At Amador County Fair) 2 tickets - wine tasting
/ /	$	
/ /	$	

► NAME OF SOURCE: East Bay Municipal Utility District
ADDRESS (Business Address Acceptable): 375-11th St MS #407 Oakland, CA 94607-4240
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Utility District Water/Power

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
October 2, 2011	$ 25	BBQ Event @ Pardee Center
/ /	$	
/ /	$	

► NAME OF SOURCE: Barbera Festival
ADDRESS (Business Address Acceptable): P.O. Box 237 Fiddletown, CA 95629
BUSINESS ACTIVITY, IF ANY, OF SOURCE: promotion/Event Organizer.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
June, 11, 2011	@ 2@$25.00 $ 50	2 tickets 2011 Barbera Festival
/ /	$	
/ /	$	

► NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE:
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
ONETO, BRIAN

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

- **You must 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. These payments are not subject to the $420 gift limit, but may result in a disqualifying conflict of interest.**

▶ NAME OF SOURCE
Regional Council of Rural Counties
ADDRESS *(Business Address Acceptable)*
1215 K Street, Suite 1650 Sacramento, CA 95814
CITY AND STATE
Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S) 03/22/11 - __/__/__ *(If gift)* AMT: $ 21.39

TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
lunch @ RCRC Board Meeting.

▶ NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

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
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

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
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: