111400085-NFH-0085

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)

Bensoussan, Pamela

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Chula Vista

Division, Board, Department, District, if applicable: City Council

Your Position: Councilmember

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS

Position:

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

- [ ] State
- [ ] Multi-County
- [x] City of Chula Vista
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [x] County of San Diego
- [ ] 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 ___/___/___
- [ ] **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:** 10

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [x] **Schedule A-2** - *Investments* – schedule attached
- [x] **Schedule B** - *Real Property* – schedule attached
- [ ] **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*

[redacted]

herein and in any attached schedules is true and complete. I ackn[redacted]

I certify under penalty of perjury under the laws of the State o[redacted]

Date Signed 04/01/2015
(month, day, year)

111400085-NFH-0085

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Pamela Bensoussan

Agency	Division/Board/Dept/District	Position	Type of Statement
SANDAG	Board of Directors	Member	Annual 1/1/2014 - 12/31/2014

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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: Bensoussan, Pamela

▶ 1. BUSINESS ENTITY OR TRUST

Pamela Bensoussan Appraisers
Name
616 Second Avenue
Chula Vista, CA 91910
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS
Appraisers

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

NATURE OF INVESTMENT
☐ Partnership ☒ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION Principal

▶ 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

▶ 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:
___/___/___ ACQUIRED
___/___/___ 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

Bensoussan Estate Services
Name
616 Second Avenue
Chula Vista, CA 91910
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS
Estate Services

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

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☒ S-Corporation Other

YOUR BUSINESS POSITION Shareholder, Director

▶ 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

▶ 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:
___/___/___ ACQUIRED
___/___/___ 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: Bensoussan, Pamela

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

616 Second Avenue

CITY

Chula Vista

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

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

NATURE OF INTEREST
- [x] 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.

- [x] None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

285 Moss Street, #71

CITY

Chula Vista

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

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

NATURE OF INTEREST
- [x] Ownership/Deed of Trust
- [ ] Easement
- [ ] Leasehold _____ Yrs. remaining
- [ ] _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- [ ] $0 - $499
- [ ] $500 - $1,000
- [x] $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

Rafael & Denisse Estrada

* 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 _____% [ ] 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

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:

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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Bensoussan, Pamela

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym): San Diego Repertory Theatre
ADDRESS (Business Address Acceptable): 75 Horton Plaza, San Diego, CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Theatre

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/11/14	$ 65.00	In the time of the butterflies
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym): Port of San Diego
ADDRESS (Business Address Acceptable): 3165 Pacific Highway, San Diego, CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Government Entity

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/14/14	$ 45.00	Installation Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym): Pacific Southwest Association of Realtors
ADDRESS (Business Address Acceptable): 880 Canarios Court, Chula Vista, CA 91910
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/18/14	$ 50.00	Installation Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym): Planned Parenthood of the Pacific Southwest
ADDRESS (Business Address Acceptable): 1075 Camino del Rio South, San Diego, CA 92108
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Non Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/08/14	$ 150.00	Anniversary Dinner
01/23/14	$ 60.00	Roe vs. Wade Dinner
/ /	$	

▶ NAME OF SOURCE (Not an Acronym): San Diego Regional Chamber of Commerce
ADDRESS (Business Address Acceptable): 402 W. Broadway, San Diego, CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07/18/14	$ 150.00	OfficersBall
04/25/14	$ 65.00	Congressional Luncheon
01/31/14	$ 35.00	Visions Luncheon

▶ NAME OF SOURCE (Not an Acronym): Baldwin & Sons
ADDRESS (Business Address Acceptable): 610 W. Ash Street, San Diego, CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Real Estate Developers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/22/14	$ 150.00	Circulate Dinner
02/08/14	$ 75.00	Chula Vista Chamber Dinner
/ /	$	

Comments:

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CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Bensoussan, Pamela

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym): La Jolla Playhouse
ADDRESS (Business Address Acceptable): PO Box 12039, San Diego, CA 92037
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Theatre

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07/19/14	$ 120.00	Esther Dome
07/11/14	$ 65.00	The Orphan of Zhao
07/19/14	$ 100.00	The Who and the What

▶ NAME OF SOURCE (Not an Acronym): San Diego Foundation
ADDRESS (Business Address Acceptable): 2508 Historic Decatour Rd., San Diego, CA 92106
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Non Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/21/14	$ 15.00	Members Lunch
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym): Sea World San Diego
ADDRESS (Business Address Acceptable): 500 Sea World Drive, San Diego, CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/20/14	$ 60.00	Explorer Reef Reception
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym): Environmental Health Coalition
ADDRESS (Business Address Acceptable): 2727 Hoover Avenue, National City, CA 91950
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Non Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04/10/14	$ 65.00	Awards Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym): Port Tenants Association
ADDRESS (Business Address Acceptable): Shelter Island, San Diego, CA 92106
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04/24/14	$ 75.00	Anniversary Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym): Chula Vista Library Foundation
ADDRESS (Business Address Acceptable): 365 F Street, Chula Vista, CA 91910
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Non Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04/26/14	$ 70.00	Bon Appetit Fundraiser Event
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Bensoussan, Pamela

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
California Women Lead
ADDRESS (Business Address Acceptable)
1029 K Street
Sacramento, CA 95816
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 16 / 14	$ 40.00	Networking Lunch
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
Christian Youth Theatre
ADDRESS (Business Address Acceptable)
1545 Pioneer Way
El Cajon, CA 92020
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Theatre

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 16 / 14	$ 25.00	Little Mermaid
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
Savoie Restaurant
ADDRESS (Business Address Acceptable)
2015 Birch Road
Chula Vista, CA 91914
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Restaurant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 04 / 14	$ 65.00	Grand Opening Reception
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
Teatro Mascara Magica
ADDRESS (Business Address Acceptable)
1604 Dartmouth Street
Chula Vista, CA 91913
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Theatre

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 18 / 14	$ 40.00	Pastorela
08 / 13 / 14	$ 60.00	Odd Couple Dinner and Performance
07 / 23 / 14	$ 20.00	Board Luncheon

▶ NAME OF SOURCE (Not an Acronym)
San Diego Housing Federation
ADDRESS (Business Address Acceptable)
110 W. C Street
San Diego, CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 12 / 14	$ 150.00	Ruby Awards
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
San Ysidro Health center
ADDRESS (Business Address Acceptable)
1275 30th Street
San Diego, CA 92173
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 28 / 14	$ 75.00	Anniversary Gala
/ /	$	
/ /	$	

Comments:

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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Bensoussan, Pamela

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym): Living Coast Discovery Center
ADDRESS (Business Address Acceptable): 1000 Gunpowder Point, Chula Vista, CA 91911
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Non Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/03/14	$ 65.00	Farm to Bay Event
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym): Lincoln Club
ADDRESS (Business Address Acceptable): 7185 Navajo Road, San Diego, CA 92119
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/08/14	$ 65.00	Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym): Casa Familiar
ADDRESS (Business Address Acceptable): 147 W. San Ysidro Blvd., San Diego, CA 92173
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Non Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/22/14	$ 80.00	Abrazo Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym): Southbay Community Services
ADDRESS (Business Address Acceptable): 430 F Street, Chula Vista, CA 91910
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Non Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/06/14	$ 150.00	Annual Gala (Tickets won at raffle)
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym): Old Globe Theatre
ADDRESS (Business Address Acceptable): 1363 Old Globe Way, San Diego, CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Theatre

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/13/14	$ 120.00	God of Carnage
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym): Equinox Center
ADDRESS (Business Address Acceptable): 545 Second Street, Encinitas, CA 92024
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Non Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/24/14	$ 35.00	Fundraiser
/ /	$	
/ /	$	

Comments:

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CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Bensoussan, Pamela

SCHEDULE D
Income – Gifts

► NAME OF SOURCE (Not an Acronym): San Diego Maritime Museum
ADDRESS (Business Address Acceptable): 1492 N. Harbor Drive, San Diego, CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Non Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/27/14	$ 150.00	San Salvador Launch Reception
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): The Charles Company
ADDRESS (Business Address Acceptable): 9034 W. Sunset Blvd., W. Hollywood, CA 90069
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Real Estate Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/01/14	$ 65.00	Annual Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): Southwest Strategies
ADDRESS (Business Address Acceptable): 6050 Santo Road, San Diego, CA 92124
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Public Relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/09/14	$ 75.00	Alonzo Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE (Not an Acronym): Third Avenue Village Association
ADDRESS (Business Address Acceptable): 353 Third Avenue, Chula Vista, CA 91910
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/15/14	$ 20.00	Annual Meeting
/ /	$	
/ /	$	

► 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:

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Additional Schedule D Gifts from Teatro Mascara Magica

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06/11/2014	$25.00	Journey of the Skeletons