CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A M E N D M E N T

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

Mark either the gift or income box.

Comments: __

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. Per Government Code
Section 89506, these payments may not be subject to the gift limit. However, they may result
in a disqualifying conflict of interest.

· For gifts of travel, provide the travel destination. ▶ NAME OF SOURCE (Not an Acronym) ► NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) CITY AND STATE CITY AND STATE 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S):___ DATE(S):___/__ ► MUST CHECK ONE: ► MUST CHECK ONE: Gift -or-Gift -or-Made a Speech/Participated in a Panel Made a Speech/Participated in a Panel Other - Provide Description _ Other - Provide Description ___ ▶ If Gift, Provide Travel Destination ____ If Gift, Provide Travel Destination _ Filer's Verification ▶ NAME OF SOURCE (Not an Acronym) Print Name _ ADDRESS (Business Address Acceptable) Office, Agency or Court CITY AND STATE Statement Type 2021/2022 Annual Assuming Leaving ____ Annual Candidate 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. DATE(S):____/_ (If gift) I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. ► MUST CHECK ONE: Gift -or-Income Date Signed ___ Made a Speech/Participated in a Panel (month, day, year) Other - Provide Description __ Filer's Signature _ ▶ If Gift, Provide Travel Destination ___