Form 700 Filers
Statement of Economic Interests
Schedule E: Travel Payments, Advances, and Reimbursements

PRESENTED BY
EXTERNAL AFFAIRS AND EDUCATION DIVISION
FAIR POLITICAL PRACTICES COMMISSION

THE VISUAL AIDS USED IN FPPC PRESENTATIONS ARE GUIDES FOR TRAINING ONLY, AND CONTAIN ONLY HIGHLIGHTS OF SELECTED PROVISIONS OF THE LAW. THEY DO NOT CARRY THE WEIGHT OF THE LAW.
Finding the Form 700

Go to...
www.fppc.ca.gov >

File a Form 700

Statement of Economic Interests

Form 700
A Public Document

Also available on the FPPC website:
• Form 700 in Excel format
• Reference Pamphlet for Form 700

California Fair Political Practices Commission
Email Advice: advice@fppc.ca.gov
Toll-free advice line: 1 (866) ASK-FPPC • 1 (866) 275-3772
Telephone: (916)322-5660 • Website: www.fppc.ca.gov
Travel Payments Overview

- Travel payments include payments for transportation, lodging, meals, and other travel related expenses.
- Some travel payments are gifts, while others are income.
- Some travel payments are subject to the annual gift limit while others are not. The annual gift limit for 2017-18 is $470 from a single source.
- Assuming office statements cover travel payments received in the last 12 months.
- Annual statements cover travel payments received in the last calendar year.
- Leaving office statements cover travel payments received since the last annual statement.
- Send your travel questions to: advice@fppc.ca.gov.
Use Schedule E…

- if the travel payment was a reportable gift whose fair market value is $50 or more, or
- if the travel payment was reportable income of $500 or more, and
- if the travel payment was from a reportable source per your conflict of interest code, and
- if the source of the payment does business in your jurisdiction.

**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 “Finance” box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

**ELION HEALTHCARE SERVICES**
2330 PADRE MISSION WAY
SAN DIEGO, CA

- Medical cost containment
  - Date(s): 10/1/XX 10/3/XX
  - AMT: $360.00

**APGAR HEALTH PROVIDER**
324 BROAD CANAL STREET
NEW YORK, NY

- Managed care consortium
  - Date(s): 4/16/XX 4/17/XX
  - AMT: $900.00

**SoCal REAL ESTATE BOARD**
99178 LEHOLLYWOOD BLVD.
LOS ANGELES, CA

- Association of real estate brokers and agents
  - Date(s): 12/23/XX
  - AMT: $620.00

**Western States Health Foundation**
1102 Vabanque Circle
Las Vegas, NV

- Date(s): 3/23/XX 3/24/XX
  - AMT: $526.00

**Comments:**

[Form Image]
Travel payments as well as advances and reimbursements to pay for…

- Transportation
- Lodging
- Meals
- Parking
- Other expenses related to travel
Schedule E
Non-Reportable Interests

• Payments from government agencies if you provided services of equal or greater value than the payment

• Payments from government agencies when the purpose of travel is for education or training

• Payments from 501(c)(3) organizations if you provided services of equal or greater value than the payment

• Certain payments reported by your agency using FPPC Form 801
Completing Schedule E

- Disclose the name and address of the source of the payment, including city and state.
- Check the box to indicate that the source is a 501(c)(3) organization, if applicable.
- Provide a brief description of the source if applicable.

NAME OF SOURCE *(Not an Acronym)*  
ELION HEALTHCARE SERVICES  
ADDRESS *(Business Address Acceptable)*  
2330 PADRE MISSION WAY  
CITY AND STATE  
SAN DIEGO, CA  
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Medical cost containment  
DATE(S): 10/1/XX - 10/3/XX AMT: $360.00  
(if gift)  
MUST CHECK ONE: ☐ Gift ☐ Income  
☐ Made a Speech/Participated in a Panel  
☒ Other - Provide Description "hotel, gas and parking for conference"  
If Gift, Provide Travel Destination San Francisco, CA
Completing Schedule E

GIFT

Travel Payment

- If the travel payment was a gift, indicate the dates of travel.
- Report the amount of the travel payment.
- Check the box to indicate that the payment was a gift.
- Check the “Speech” or “Other” circle. If checking “Other,” disclose the travel purpose and a brief description of the gift.
- Disclose the travel destination.

ELION HEALTHCARE SERVICES

2330 PADRE MISSION WAY

SAN DIEGO, CA

DATE(S): 10/1/XX - 10/3/XX  AMT: $360.00

If gift

MUST CHECK ONE:

X Gift  -or-  □ Income

- Made a Speech/Participated in a Panel
- Other - Provide Description of purpose and a brief description of the gift:
  hotel, gas and parking for conference

If Gift, Provide Travel Destination San Francisco, CA
**Completing Schedule E**

**INCOME**

**Travel Payment**

- Report the amount of the travel payment.

- Check the box to indicate that the payment was income.

- Check the appropriate circle to indicate the reason for travel.

- If the travel was not for a speech, note the reason for travel.

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<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SoCAL REAL ESTATE BOARD</td>
</tr>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
</tr>
<tr>
<td>99178 LEHOLLYWOOD BLVD.</td>
</tr>
<tr>
<td>CITY AND STATE</td>
</tr>
<tr>
<td>LOS ANGELES, CA</td>
</tr>
</tbody>
</table>

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

- Association of real estate brokers and agents

- DATE(S): ___/___/____ - ___/___/____ AMT: $620.00

- (if gift)

- MUST CHECK ONE:
  - [ ] Gift
  - [x] Income

- [ ] Made a Speech/Participated in a Panel

- [x] Other - Provide Description

<table>
<thead>
<tr>
<th>Reimbursement for travel to board meeting</th>
</tr>
</thead>
</table>

- If Gift, Provide Travel Destination

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Schedule E
Comparing
A Conference and A Speech

▸ NAME OF SOURCE (Not an Acronym)
ELION HEALTHCARE SERVICES
ADDRESS (Business Address Acceptable)
2330 PADRE MISSION WAY
CITY AND STATE
SAN DIEGO, CA
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical cost containment
DATE(S): 10/1/XX - 10/3/XX AMT: $360.00
(If gift)
▸ MUST CHECK ONE: ○ Gift -or- □ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description hotel, gas and parking for conference
▸ If Gift, Provide Travel Destination San Francisco, CA

▸ NAME OF SOURCE (Not an Acronym)
APGAR HEALTH PROVIDER
ADDRESS (Business Address Acceptable)
324 BROAD CANAL STREET
CITY AND STATE
NEW YORK, NY
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Managed care consortium
DATE(S): 4/16/XX - 4/17/XX AMT: $900.00*
(If gift)
▸ MUST CHECK ONE: ○ Gift -or- □ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description ____________________________
▸ If Gift, Provide Travel Destination New York, NY

* See Government Code Section 89506 for more information.
<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>Western States Health Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>1102 Vabanque Circle</td>
</tr>
<tr>
<td>CITY AND STATE</td>
<td>Las Vegas, NV</td>
</tr>
<tr>
<td>501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
<td>✓</td>
</tr>
<tr>
<td>DATE(S):</td>
<td>3/23/XX - 3/24/XX AMT: $525.00</td>
</tr>
<tr>
<td>MUST CHECK ONE:</td>
<td>Gift -or- Income</td>
</tr>
<tr>
<td>Made a Speech/Participated in a Panel</td>
<td>✓</td>
</tr>
<tr>
<td>Other - Provide Description</td>
<td></td>
</tr>
<tr>
<td>If Gift, Provide Travel Destination</td>
<td>Las Vegas for Foundation's annual conference</td>
</tr>
</tbody>
</table>
Schedule E
Travel to a Board Meeting

NAME OF SOURCE (Not an Acronym)

SoCAL REAL ESTATE BOARD

ADDRESS (Business Address Acceptable)

99178 LEHOLLYWOOD BLVD.

CITY AND STATE

LOS ANGELES, CA

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

Association of real estate brokers and agents

DATE(S): ______/_____/______ - ______/_____/______ AMT: $620.00

(if gift)

MUST CHECK ONE: ☐ Gift -or- ☒ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description Reimbursement for travel to board meeting

If Gift, Provide Travel Destination ____________________________________________
**Schedule E**

**Payment from a Foreign Government**

<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>People's Transportation Council of China</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS (Business Address Acceptable)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No. 341 Happy Valley Avenue</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY AND STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beijing, China</strong></td>
</tr>
</tbody>
</table>

- **501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE**
  - Chinese gov't.-urban planning agency

<table>
<thead>
<tr>
<th>DATE(S):</th>
<th>AMT:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1/15/XX - 1/23/XX</strong></td>
<td><strong>$2910.00</strong></td>
</tr>
</tbody>
</table>

(if gift)

- **MUST CHECK ONE:**
  - [x] Gift
  - [ ] Income

- [ ] Made a Speech/Participated in a Panel

- [x] Other - Provide Description
  - Discussed climate change/transp't'n w/Beijing planners; air, hotel, food

- [ ] If Gift, Provide Travel Destination
  - Beijing, China
Amending Schedule E

- File amendments as soon as error or omission is discovered.
- Complete only the schedule with error(s).
- Amended schedule is retained with entire, original statement.

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 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

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: $.

☐ Must check one: ☐ Gift -or- ☐ Income

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

If Gift, Provide Travel Destination _______________________________________

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: $.

☐ Must check one: ☐ Gift -or- ☐ Income

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

If Gift, Provide Travel Destination _______________________________________

Filer’s Verification

Print Name ____________________________

Office, Agency or Court ____________________________

Statement Type ☐ 2016/2017 Annual ☐ Assuming ☐ Leaving
☐ Annual ☐ Candidate

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.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed ____________________________ (month, day, year)

Filer’s Signature ____________________________
Questions

• Call 916-322-5660 or 866-275-3772 (866-ASK-FPPC)
  ○ Monday - Thursday, 9–11:30 a.m.
• E-mail advice@fppc.ca.gov

E-Filing Problems

• Your agency’s system: Contact your filing officer
• FPPC’s system: E-mail form700@fppc.ca.gov
Other Form 700 Filer Videos

Completing Form 700: Need to Know

Cover Page

Schedule A-1: Investments (Less than 10% Ownership Interest)

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

Schedule B: Interests in Real Property

Schedule C: Income, Loans & Business Positions

Schedule D: Income – Gifts