

STATEMENT OF ECONOMIC INTERESTS

Date Received  
Official Use Only



RECORDED  
FAIR POLITICAL  
PRACTICES  
COVER PAGE

Please type or print in ink.

2013 MAR 1 PM 5:37

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Horton Jerome Edgar

1. Office, Agency, or Court

Agency Name  
California State Board of Equalization  
Division, Board, Department, District, if applicable  
Board Member -4th District  
Your Position

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

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

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

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

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

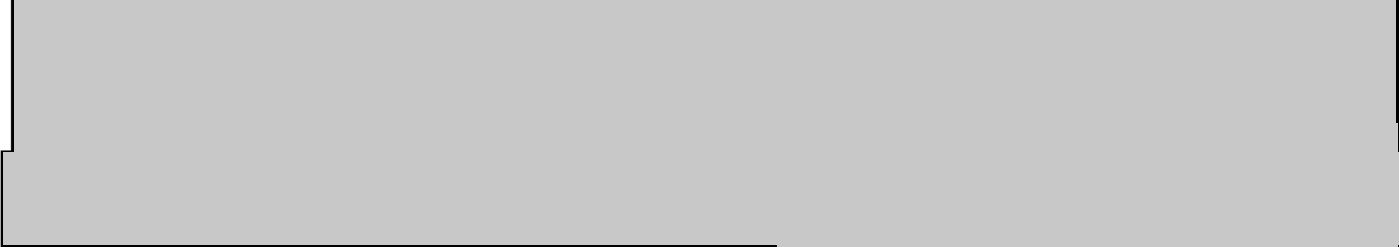
- Annual: The period covered is January 1, 2012, through December 31, 2012.  
-or-  
The period covered is \_\_\_\_\_ through December 31, 2012.
- Assuming Office: Date assumed \_\_\_\_\_
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one)  
○ The period covered is January 1, 2012, 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: \_\_\_\_\_
- 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-  
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)



Date signed \_\_\_\_\_ Signature \_\_\_\_\_  
(month, day, year)

RECEIVED  
FEB 28 2013



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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
**JEROME E. HORTON**

| ▶ 1. INCOME RECEIVED  | ▶ 1. INCOME RECEIVED  |
|---|---|
| NAME OF SOURCE OF INCOME<br><hr/>   | NAME OF SOURCE OF INCOME<br><hr/>   |
| ADDRESS (Business Address Acceptable)<br><hr/>  | ADDRESS (Business Address Acceptable)<br><hr/>  |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE<br><hr/>   | BUSINESS ACTIVITY, IF ANY, OF SOURCE<br><hr/>   |
| YOUR BUSINESS POSITION<br><hr/>   | YOUR BUSINESS POSITION<br><hr/>   |
| GROSS INCOME RECEIVED<br><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000  | GROSS INCOME RECEIVED<br><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000  |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED<br><input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income<br><input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership<br><input type="checkbox"/> Sale of _____<br><small>(Real property, car, boat, etc.)</small><br><input type="checkbox"/> Commission or <input type="checkbox"/> Rental income, list each source of \$10,000 or more<br><hr/> <input type="checkbox"/> Other _____<br><small>(Describe)</small> | CONSIDERATION FOR WHICH INCOME WAS RECEIVED<br><input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income<br><input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership<br><input type="checkbox"/> Sale of _____<br><small>(Real property, car, boat, etc.)</small><br><input type="checkbox"/> Commission or <input type="checkbox"/> Rental income, list each source of \$10,000 or more<br><hr/> <input type="checkbox"/> Other _____<br><small>(Describe)</small> |

▶ 2. LOANS RECEIVED OR OBTAINED 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*<br><b>Chase Bank</b><br><hr/> ADDRESS (Business Address Acceptable)<br><b>P.O. Box 7842</b><br><hr/> BUSINESS ACTIVITY, IF ANY, OF LENDER<br><b>Phoenix, AZ 85062-8420</b><br><hr/> HIGHEST BALANCE DURING REPORTING PERIOD<br><input type="checkbox"/> \$500 - \$1,000<br><input type="checkbox"/> \$1,001 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000<br><input checked="" type="checkbox"/> OVER \$100,000 | INTEREST RATE      TERM (Months/Years)<br><b>4</b> _____% <input type="checkbox"/> None <b>20</b><br><hr/> SECURITY FOR LOAN<br><input type="checkbox"/> None <input type="checkbox"/> Personal residence<br><input checked="" type="checkbox"/> Real Property <b>6221 Overhill</b><br><small>Street address</small><br><b>Los Angeles, CA 90043</b><br><small>City</small><br><input type="checkbox"/> Guarantor <b>Jerome E. Horton</b><br><hr/> <input type="checkbox"/> Other _____<br><small>(Describe)</small> |
|---|--|

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

**SCHEDULE D**  
**Income – Gifts**

Name  
**JEROME E. HORTON**

▶ NAME OF SOURCE (Not an Acronym)  
**Timothy Walker**

ADDRESS (Business Address Acceptable)  
**17210 S Main Street, Gardena, CA 90248**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Enterprise Rent-A-Car Company Los Angeles**

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 04 / 10 / 12    | \$ 15.07 | Lunch                  |
|                 | \$       |                        |
|                 | \$       |                        |

▶ NAME OF SOURCE (Not an Acronym)  
**Gene Hale**

ADDRESS (Business Address Acceptable)  
**5100 W Goldleaf Circle, 203, Los Angeles, CA 90056**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**GLAAACC**

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 04 / 18 / 12    | \$ 37.58 | Dinner                 |
| 04 / 18 / 12    | \$ 37.58 | Dinner for wife        |
|                 | \$       |                        |
|                 | \$       |                        |

▶ NAME OF SOURCE (Not an Acronym)  
**Sony Pictures Entertainment**

ADDRESS (Business Address Acceptable)  
**10202 W Washington Blvd., Culver City, CA 90232**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Special Screening**

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 06 / 30 / 12    | \$ 15.00 | Ticket                 |
| 06 / 30 / 12    | \$ 15.00 | Ticket for wife        |
| 06 / 30 / 12    | \$ 15.00 | Ticket for daughter    |
|                 | \$       |                        |

▶ NAME OF SOURCE (Not an Acronym)  
**California Hispanic Chamber of Commerce\***

ADDRESS (Business Address Acceptable)  
**770 L Street, Suite 900, Sacramento, CA 95814**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Annual Convention Gala Dinner/San Diego**

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 08 / 17 / 12    | \$ 56.00 | Dinner                 |
| 08 / 17 / 12    | \$ 56.00 | Dinner for wife        |
|                 | \$       |                        |
|                 | \$       |                        |

▶ NAME OF SOURCE (Not an Acronym)  
**California Legislative Black Caucus Policy Institute\***

ADDRESS (Business Address Acceptable)  
**5429 Madison Avenue, Sacramento, CA 95814**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Education and Youth Leadership Fund**

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 10 / 20 / 12    | \$ 174.00 | Spa Treatment          |
| 10 / 20 / 12    | \$ 174.00 | Spa Treatment          |
|                 | \$        |                        |
|                 | \$        |                        |

▶ NAME OF SOURCE (Not an Acronym)  
**Marcus Allen Frishman**

ADDRESS (Business Address Acceptable)  
**20140 Plenza Lane, Porter Ranch, CA 91326**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**The Marcus Allen Frishman Group**

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 10 / 29 / 12    | \$ 19.94 | Lunch                  |
|                 | \$       |                        |
|                 | \$       |                        |

Comments: \*Spoke at the event.

**SCHEDULE D**  
**Income - Gifts**

Name  
**JEROME E. HORTON**

▶ NAME OF SOURCE (Not an Acronym)  
**State Bar of California\***

ADDRESS (Business Address Acceptable)  
**180 Howard Street, San Francisco, CA 94105**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Attorney Licensing Public Entity**

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 11 / 01 / 12    | \$ 208.98 | Hotel Accomodation     |
| 11 / 02 / 12    | \$ 208.98 | Hotel Accomodation     |
| / /             | \$        |                        |

▶ NAME OF SOURCE (Not an Acronym)  
**Christopher McGrath**

ADDRESS (Business Address Acceptable)  
**8607 Westwood Center Drive, Vienna, VA 22182**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**FELD Entertainment**

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 07 / 14 / 12    | \$ 158.00 | Tickets                |
| 12 / 15 / 12    | \$ 158.00 | Tickets                |
| / /             | \$        |                        |

▶ 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) |
|-----------------|-------|------------------------|
| / /             | \$    |                        |
| / /             | \$    |                        |
| / /             | \$    |                        |

▶ 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: \_\_\_\_\_

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

Name  
**JEROME E. HORTON**

- 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 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)  
**California Legislative Black Caucus Policy Institute**

ADDRESS (Business Address Acceptable)  
**5429 Madison Avenue**

CITY AND STATE  
**Sacramento, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
**Education and Youth Leadership Fund**

DATE(S): 10 / 19 / 12 - 10 / 21 / 12 AMT: \$ 2,036.41  
(if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
**Room and Board (Including meals)**

▶ NAME OF SOURCE (Not an Acronym)  
**City of Los Angeles**

ADDRESS (Business Address Acceptable)  
**1400 K Street, Room 206**

CITY AND STATE  
**Sacramento, CA**

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

DATE(S): 01 / 01 / 12 - 12 / 31 / 12 AMT: \$ 360.00  
(if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
**LAX Parking and Shuttle Services**

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

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

DATE(S): / / AMT: \$

(if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

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

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

**SCHEDULE A-1**  
**Investments**  
**Stocks, Bonds, and Other Interests**  
 (Ownership Interest Is Less Than 10%)  
 Do not attach brokerage or financial statements.

|  |
|--|
| <b>CALIFORNIA FORM 700</b><br><small>FAIR POLITICAL PRACTICES COMMISSION</small> |
| Name<br><b>JEROME E. HORTON</b>  |

▶ 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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                  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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                  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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                  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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                  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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                  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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                  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  
**JEROME E. HORTON**

**▶ 1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

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

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

|  |                           |                           |
|--|---------------------------|---------------------------|
| <input type="checkbox"/> \$0 - \$1,999           | _____ / _____ / <u>12</u> | _____ / _____ / <u>12</u> |
| <input type="checkbox"/> \$2,000 - \$10,000      | ACQUIRED                  | DISPOSED                  |
| <input type="checkbox"/> \$10,001 - \$100,000    |                           |                           |
| <input type="checkbox"/> \$100,001 - \$1,000,000 |                           |                           |
| <input type="checkbox"/> Over \$1,000,000        |                           |                           |

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other \_\_\_\_\_

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

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

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

|  |                           |                           |
|--|---------------------------|---------------------------|
| <input type="checkbox"/> \$0 - \$1,999           | _____ / _____ / <u>12</u> | _____ / _____ / <u>12</u> |
| <input type="checkbox"/> \$2,000 - \$10,000      | ACQUIRED                  | DISPOSED                  |
| <input type="checkbox"/> \$10,001 - \$100,000    |                           |                           |
| <input type="checkbox"/> \$100,001 - \$1,000,000 |                           |                           |
| <input type="checkbox"/> Over \$1,000,000        |                           |                           |

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other \_\_\_\_\_

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

|   |   |
|---|---|
| <input type="checkbox"/> \$0 - \$499        | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000    | <input type="checkbox"/> OVER \$100,000       |
| <input type="checkbox"/> \$1,001 - \$10,000 |   |

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

|   |   |
|---|---|
| <input type="checkbox"/> \$0 - \$499        | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000    | <input type="checkbox"/> OVER \$100,000       |
| <input type="checkbox"/> \$1,001 - \$10,000 |   |

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Check a separate sheet if necessary)**

None

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Check a separate sheet if necessary)**

None

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**▶ 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                      IF APPLICABLE, LIST DATE:

|  |                           |                           |
|--|---------------------------|---------------------------|
| <input type="checkbox"/> \$2,000 - \$10,000      | _____ / _____ / <u>12</u> | _____ / _____ / <u>12</u> |
| <input type="checkbox"/> \$10,001 - \$100,000    | ACQUIRED                  | DISPOSED                  |
| <input type="checkbox"/> \$100,001 - \$1,000,000 |                           |                           |
| <input type="checkbox"/> Over \$1,000,000        |                           |                           |

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

**▶ 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                      IF APPLICABLE, LIST DATE:

|  |                           |                           |
|--|---------------------------|---------------------------|
| <input type="checkbox"/> \$2,000 - \$10,000      | _____ / _____ / <u>12</u> | _____ / _____ / <u>12</u> |
| <input type="checkbox"/> \$10,001 - \$100,000    | ACQUIRED                  | DISPOSED                  |
| <input type="checkbox"/> \$100,001 - \$1,000,000 |                           |                           |
| <input type="checkbox"/> Over \$1,000,000        |                           |                           |

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

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