

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

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

- **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. 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*)

ADDRESS (*Business Address Acceptable*)

CITY AND STATE

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

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

► 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: \$ ____
(If gift)

► MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

► If Gift, Provide Travel Destination _____

Comments: _____

► 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: \$ ____
(If gift)

► 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	2024/2025 Annual ____ Annual	Assuming Candidate	Leaving Candidate (yr)
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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 _____