

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) Ammann (FIRST) Robert (MIDDLE) Wayne

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Justin auditor / commissioner
Division, Board, Department, District, if applicable Your Position

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

Agency: _____ Position: _____

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

- State
- Multi-County _____
- City of Justin, CA
- Judge, Retired Judge, Pro Tem 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, 2019, through December 31, 2019.
- or- The period covered is _____, through December 31, 2019.
- Assuming Office: Date assumed _____
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left _____ (Check one circle.)
- The period covered is January 1, 2019, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 2

Schedules attached

- 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)
300 Centennial Way Justin CA 92780

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
 _____ _____

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 acknowledge this is a public document.

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

Date Signed 2-6-20
(month, day, year)

Signature _____
(File the originally signed paper statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ NAME OF BUSINESS ENTITY
Wells Fargo Retirement Account

GENERAL DESCRIPTION OF THIS BUSINESS
401-K

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 401-K
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / /19 / /19
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
N/A

GENERAL DESCRIPTION OF THIS BUSINESS
N/A

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:
 / /19 / /19
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
N/A

GENERAL DESCRIPTION OF THIS BUSINESS
N/A

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:
 / /19 / /19
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
N/A

GENERAL DESCRIPTION OF THIS BUSINESS
N/A

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:
 / /19 / /19
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
N/A

GENERAL DESCRIPTION OF THIS BUSINESS
N/A

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:
 / /19 / /19
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
N/A

GENERAL DESCRIPTION OF THIS BUSINESS
N/A

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:
 / /19 / /19
ACQUIRED DISPOSED

Comments: _____

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

RECEIVED

Date Initial Filing Received
MAR 31 2020

TUSTIN
CITY CLERK'S OFFICE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Deering Colin Lee

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Tustin

Division, Board, Department, District, if applicable

Audit Commission

Your Position

Audit Commissioner

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

Agency: _____ Position: _____

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

- State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Tustin Other _____

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

- Annual: The period covered is January 1, 2019, through December 31, 2019. Leaving Office: Date Left ____/____/____ (Check one circle.)
- or- The period covered is ____/____/____, through December 31, 2019. The period covered is January 1, 2019, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

- Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
- Schedule B - Real Property - 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)
300 Centennial Way Tustin CA 92780
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(714) 573-3000 cdeering@tustinca.org

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 acknowledge this is a public document.

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

Date Signed 3/27/2020
(month, day, year)

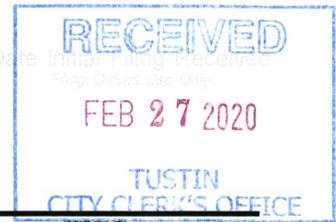
Signature [Redacted]

(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Erickson Daniel Leonard

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Tustin
Division, Board, Department, District, if applicable Your Position
Audit Commission Commission Member

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

Agency: _____ Position: _____

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

- State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Tustin Other _____

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

- Annual:** The period covered is January 1, 2019, through December 31, 2019.
- or- The period covered is ____/____/____, through December 31, 2019.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one circle.)
- The period covered is January 1, 2019, through the date of leaving office.
- or- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

- 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

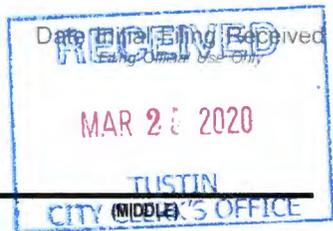
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
300 Centennial Way Tustin CA 92780
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
[REDACTED] DErickson@tustinca.org

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 acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the [REDACTED]

Date Signed February 18, 2020
(month, day, year)

Signature [REDACTED]
(File the originally signed paper statement with your filing official.)



COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) TUSTIN (MIDDLE)'S OFFICE
 Friend Richard Lawrence

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 City of Tustin Audit Commission
 Division, Board, Department, District, if applicable
 Audit Commission
 Your Position
 Commission Member

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

Agency: _____ Position: _____

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

- State
- Multi-County _____
- City of Tustin
- Judge, Retired Judge, Pro Tem 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, 2019, through December 31, 2019.
- or-
 The period covered is _____, through December 31, 2019.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one circle.)
- The period covered is January 1, 2019, through the date of leaving office.
- or-
 The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 4

Schedules attached

- 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)
 300 Centennial Way Tustin CA 92780
 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
 (714) 573-3000 lfriend@tuatinca.org

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 acknowledge this is a public document.

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

Date Signed 3/21/20
 (month, day, year)

Signature _____
 (File the originally signed paper statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

Name

Richard Lawrence Friend

▶ NAME OF BUSINESS ENTITY
Shell Oil

GENERAL DESCRIPTION OF THIS BUSINESS
Oil Company

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:
____/____/19 ____/____/19
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
____/____/19 ____/____/19
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
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ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
____/____/19 ____/____/19
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
____/____/19 ____/____/19
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

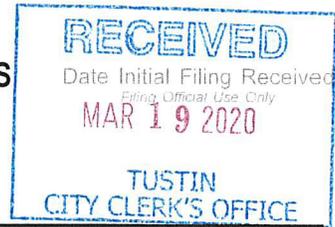
FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

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:
____/____/19 ____/____/19
ACQUIRED DISPOSED

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Shimomura Craig Kiji

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Tustin
Division, Board, Department, District, if applicable Your Position
Audit Commission Commission Member

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

Agency: _____ Position: _____

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

State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of Tustin Other _____

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

Annual: The period covered is January 1, 2019, through December 31, 2019.
-or- The period covered is ____/____/____, through December 31, 2019.
 Assuming Office: Date assumed ____/____/____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left ____/____/____ (Check one circle.)
 The period covered is January 1, 2019, through the date of leaving office.
-or-
 The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 9

Schedules attached

Schedule A-1 - Investments – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached
 Schedule A-2 - Investments – schedule attached **Schedule D - Income – Gifts** – schedule attached
 Schedule B - Real Property – 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)
300 Centennial Way Tustin CA 92780
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
[REDACTED] cshimomura@tustinca.org

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 acknowledge this is a public document.

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

Date Signed 03/16/2020
(month, day, year)

Signature [REDACTED]
(File the originally signed paper statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

Name
Shimomura, Craig

NAME OF BUSINESS ENTITY: Altria
GENERAL DESCRIPTION OF THIS BUSINESS: Tobacco
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY: Intel
GENERAL DESCRIPTION OF THIS BUSINESS: Semi conductors
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY: Conoco Phillips
GENERAL DESCRIPTION OF THIS BUSINESS: Diversified Energy
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY: Kinder Morgan
GENERAL DESCRIPTION OF THIS BUSINESS: Diversified Energy
FAIR MARKET VALUE: \$2,000 - \$10,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY: Duke Energy
GENERAL DESCRIPTION OF THIS BUSINESS: Diversified Energy
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY: Louisiana Pacific
GENERAL DESCRIPTION OF THIS BUSINESS: Timber
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock

Comments:

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name: Shimomura, Craig

NAME OF BUSINESS ENTITY: Newmont Mining
GENERAL DESCRIPTION OF THIS BUSINESS: Phillips 66
FAIR MARKET VALUE: [X] \$2,000 - \$10,000
NATURE OF INVESTMENT: [X] Stock

NAME OF BUSINESS ENTITY: Phillips 66
GENERAL DESCRIPTION OF THIS BUSINESS: Diversified Energy
FAIR MARKET VALUE: [X] \$2,000 - \$10,000
NATURE OF INVESTMENT: [X] Stock

NAME OF BUSINESS ENTITY: National Oilwell Varco
GENERAL DESCRIPTION OF THIS BUSINESS: Diversified Energy
FAIR MARKET VALUE: [X] \$10,001 - \$100,000
NATURE OF INVESTMENT: [X] Stock

NAME OF BUSINESS ENTITY: SLM Corp
GENERAL DESCRIPTION OF THIS BUSINESS: Finance
FAIR MARKET VALUE: [X] \$2,000 - \$10,000
NATURE OF INVESTMENT: [X] Stock

NAME OF BUSINESS ENTITY: Pfizer
GENERAL DESCRIPTION OF THIS BUSINESS: Pharma
FAIR MARKET VALUE: [X] \$10,001 - \$100,000
NATURE OF INVESTMENT: [X] Stock

NAME OF BUSINESS ENTITY: Vale SA
GENERAL DESCRIPTION OF THIS BUSINESS: Mining
FAIR MARKET VALUE: [X] \$2,000 - \$10,000
NATURE OF INVESTMENT: [X] Stock

Comments:

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

Name Shimomura, Craig

NAME OF BUSINESS ENTITY: Walgreens
GENERAL DESCRIPTION OF THIS BUSINESS: Retail
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: 19

NAME OF BUSINESS ENTITY: Ishares Japan
GENERAL DESCRIPTION OF THIS BUSINESS: etf
FAIR MARKET VALUE: \$2,000 - \$10,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: 19

NAME OF BUSINESS ENTITY: Wheaton Precious
GENERAL DESCRIPTION OF THIS BUSINESS: mining
FAIR MARKET VALUE: \$2,000 - \$10,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: 19

NAME OF BUSINESS ENTITY: Spider Gold
GENERAL DESCRIPTION OF THIS BUSINESS: etf
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: 19

NAME OF BUSINESS ENTITY: Ishares Brazil
GENERAL DESCRIPTION OF THIS BUSINESS: etf
FAIR MARKET VALUE: \$2,000 - \$10,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: 19

NAME OF BUSINESS ENTITY: US Gas Etf
GENERAL DESCRIPTION OF THIS BUSINESS: etf
FAIR MARKET VALUE: \$2,000 - \$10,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: 19

Comments:

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Shimomura, Craig

- 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 _____

▶ 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: _____