

(877) 243-4766

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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MAR 08 2024 A PUBLIC DOCUMENT TULARE COUNTY EMPLOYEES' Please type or print in ink. ETIREMENT ASSOCIATION NAME OF FILER (LAST) (FIRST) (MIDDLE) Hastings Steven Michael 1. Office, Agency, or Court Agency Name (Do not use acronyms) **Tulare County** Division, Board, Department, District, if applicable Your Position TCERA Retirement Board Consultant ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) ☐ State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of Tulare Multi-County City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through Leaving Office: Date Left ___ December 31, 2023. (Check one circle.) The period covered is _______, through ☐ The period covered is January 1, 2023, through the date of leaving office. December 31, 2023. The period covered is ____ Assuming Office: Date assumed _____/____ the date of leaving office. Candidate: Date of Election _____ and office sought, if different than Part 1: ___ 4. Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- ☐ None - No reportable interests on any schedule 5. Verification ZIP CODE MAILING ADDRESS (Business or Agency Address Recommended - Public Document) 600 Stewart Street, Suite 400 Seatle WA 98101 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.

shastings@cheiron.us

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

| Date Signed | 03/07/2024 | Signature | (File the originally signed paper statement with Sulf filing official.) | _ |
|-------------|--------------------|-----------|---|---|
| | (month, day, year) | | (File the originally signed paper statement with your filing ornical.) | |

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 |
| R |

| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
|--|--|
| Amazon.com Inc | Ford Motor Company |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Technology Company | Automobile Manufacturer |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| \$2,000 - \$10,000 | \$2,000 - \$10,000 |
| \$100,001 - \$1,000,000 Over \$1,000,000 | \$100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Stock Other (Describe) | Stock Other (Describe) |
| (Describe) Partnership Income Received of \$0 - \$499 | (Describe) Partnership Income Received of \$0 - \$499 |
| Income Received of \$500 or More (Report on Schedule C) | Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | |
| //23 | |
| NAME OF BUSINESS ENTITY | NAME OF BUSINESS ENTITY |
| NAME OF BUSINESS ENTITY | NAME OF BUSINESS ENTITY |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| GENERAL DESCRIPTION OF THIS BUSINESS | |
| | |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| \$2,000 - \$10,000 \$10,001 - \$100,000 | \$2,000 - \$10,000 \$10,001 - \$100,000 |
| \$100,001 - \$1,000,000 Over \$1,000,000 | S100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Stock Other(Describe) | Stock Other(Describe) |
| Partnership Income Received of \$0 - \$499 | Partnership Income Received of \$0 - \$499 |
| ☐ Income Received of \$500 or More (Report on Schedule C) | ☐ Income Received of \$500 or More (Report on Schedule C) |
| | |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| | 4 |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| | |
| | |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| \$2,000 - \$10,000 | \$2,000 - \$10,000 |
| Laboration (Agency and Texture Control | |
| NATURE OF INVESTMENT Stock Other | NATURE OF INVESTMENT Stock Other |
| (Describe) | (Describe) |
| Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) | Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) |
| IF ADDITIONAL F. HOT DATE. | |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| | |
| Comments: | |

SCHEDULE C Income, Loans, & Business **Positions**

(Other than Gifts and Travel Payments)

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
|---|
| Name |
| a. |

| 1. INCOME RECEIVED | ► 1. INCOME RECEIVED |
|--|---|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| Cheiron, Inc. | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| 8300 Greensboro Dr, Suite 800, McLean, VA 22102 | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Actuarial Consultants | a 11 1 |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| Consulting Actuary | |
| GROSS INCOME RECEIVED No Income - Business Position Only | GROSS INCOME RECEIVED No Income - Business Position Onl |
| \$500 - \$1,000 \$1,000 \$1,000 | \$500 - \$1,000 \$1,001 - \$10,000 |
| \$10,001 - \$100,000 WO OVER \$100,000 | \$10,001 - \$100,000 OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED | CONSIDERATION FOR WHICH INCOME WAS RECEIVED |
| Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) | Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) |
| Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) | Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) |
| Sale of | Sale of |
| (Real property, car, boat, etc.) | (Real property, car, boat, etc.) Loan repayment |
| | |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, list each source of \$10,000 or more |
| (Describe) | (Describe) |
| Other(Describe) | Other(Describe) |
| ► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F | PERIOD |
| a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follows: | |
| NAME OF LENDER* | INTEREST RATE TERM (Months/Years) |
| | % None |
| ADDRESS (Business Address Acceptable) | OF CURITY FOR LOAD |
| | SECURITY FOR LOAN |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | None Personal residence |
| | Real Property |
| HIGHEST BALANCE DURING REPORTING PERIOD | Street address |
| \$500 - \$1,000 | City |
| \$1,001 - \$10,000 | Опу |
| \$10,001 - \$100,000 | Guarantor |
| OVER \$100,000 | |
| | Other(Describe) |
| | |
| Comments: | |

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

| | ME OF EURD ALACTA | (FIDCT) | (MIDDLE) |
|-----|--|-------------------------------|---|
| NΑN | ME OF FILER (LAST) | (FIRST) | (MIDDLE) |
| 1. | Office, Agency, or Court | | |
| | Agency Name (Do not use acronyms) | | |
| | Division, Board, Department, District, if applic | able | 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 lea | ast one box) | |
| | State | | Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) |
| | Multi-County | | County of |
| | City of | | Other |
| 3. | Type of Statement (Check at least of | one box) | |
| | Annual: The period covered is January December 31, 2023. | 1, 2023, through | Leaving Office: Date Left//(Check one circle.) |
| | The period covered is | , through | The period covered is January 1, 2023, through the date of leaving office. -or- |
| | Assuming Office: Date assumed | | The period covered is/, through the date of leaving office. |
| | Candidate: Date of Election | and office soug | ht, if different than Part 1: |
| 4. | Schedule Summary (required) | ► Total numbe | er of pages including this cover page: |
| | Schedules attached | | |
| | Schedule A-1 - Investments - sched | ule attached | Schedule C - Income, Loans, & Business Positions - schedule attached |
| | Schedule A-2 - Investments - schedule | ule attached | Schedule D - Income - Gifts - schedule attached |
| | Schedule B - Real Property - schedule | ule attached | Schedule E - Income – Gifts – Travel Payments – schedule attached |
| -(| or- None - No reportable interes | sts on any schedule | |
| 5. | Verification | | |
| | MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Do | CITY cument) | STATE ZIP CODE |
| | DAYTIME TELEPHONE NUMBER | | EMAIL ADDRESS |
| | () | | |
| | I have used all reasonable diligence in prepar herein and in any attached schedules is true | | viewed this statement and to the best of my knowledge the information contained ge this is a public document. |
| | I certify under penalty of perjury under th | e laws of the State of Califo | ornia that the foregoing is true and correct. |
| | Date Signed (month, day, year) | | Signature |
| | (monin, day, year) | | (rite the originally signed paper statement with your liling 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 | NAME OF BUSINESS ENTITY |
|---|--|
| GENERAL DESCRIPTION OF THIS BUSINESS | 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 | 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) | 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://23 | IF APPLICABLE, LIST DATE://23 |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| GENERAL DESCRIPTION OF THIS BUSINESS | 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 | 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) | 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: | IF APPLICABLE, LIST DATE: |
| // 23 | // 23 // 23 |
| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| GENERAL DESCRIPTION OF THIS BUSINESS | 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 | 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 | NATURE OF INVESTMENT Stock Other |
| (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) | (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| // 23 | //23 |
| //23//23 | //23 |

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
|---|
| Name |

(Ownership Interest is 10% or Greater)

| ▶ 1. BUSINESS ENTITY OR TRUST | ► 1. BUSINESS ENTITY OR TRUST |
|---|--|
| Name | Name |
| Address (Business Address Acceptable) Check one Trust, go to 2 Business Entity, complete the box, then go to 2 | Address (Business Address Acceptable) Check one Trust, go to 2 Business Entity, complete the box, then go to 2 |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 | FAIR MARKET VALUE |
| NATURE OF INVESTMENT Partnership Sole Proprietorship Other | NATURE OF INVESTMENT Partnership Sole Proprietorship Other |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| ➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST) | ➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) |
| \$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000 | \$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000 |
| None or Names listed below | None or Names listed below |
| ► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY | ► 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, <u>or</u> Assessor's Parcel Number or Street Address of 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 | Description of Business Activity or City or Other Precise Location of Real Property |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership | 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 | Leasehold Other Yrs. remaining Check box if additional schedules reporting investments or real property are attached |

Comments: _

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION Name

| ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS | ► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS |
|--|---|
| CITY | CITY |
| FAIR MARKET VALUE IF APPLICABLE, LIST DATE: | FAIR MARKET VALUE IF APPLICABLE, LIST DATE: |
| \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 ACQUIRED DISPOSED | \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INTEREST | NATURE OF INTEREST |
| Ownership/Deed of Trust Easement | Ownership/Deed of Trust Easement |
| Leasehold Yrs. remaining Other | Leasehold Yrs. remaining Other |
| IF RENTAL PROPERTY, GROSS INCOME RECEIVED | IF RENTAL PROPERTY, GROSS INCOME RECEIVED |
| \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 | \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 |
| \$10,001 - \$100,000 OVER \$100,000 | \$10,001 - \$100,000 OVER \$100,000 |
| SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. | SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source o income of \$10,000 or more. |
| business on terms available to members of the public loans received not in a lender's regular course of business. | without regard to your official status. Personal loans and |
| You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of busi | al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows: |
| You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of business of LENDER* | al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows: |
| You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of business OF LENDER* ADDRESS (Business Address Acceptable) | al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* |
| You are not required to report loans from a commercia | al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) |
| You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER | al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER |
| You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of business NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None | al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) |
| You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of business NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None | al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) |
| You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of business Address Acceptable) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) | al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) |

SCHEDULE C Income, Loans, & Business

Name **Positions** (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

| | ► 1. INCOME RECEIVED |
|--|---|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| GROSS INCOME RECEIVED No Income - Business Position O | Only GROSS INCOME RECEIVED No Income - Business Position Or |
| \$500 - \$1,000 \$1,001 - \$10,000 | \$500 - \$1,000 \$1,001 - \$10,000 |
| \$10,001 - \$100,000 OVER \$100,000 | \$10,001 - \$100,000 OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED | CONSIDERATION FOR WHICH INCOME WAS RECEIVED |
| Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) | Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) |
| Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) | Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) |
| Sale of | Sale of |
| (Real property, car, boat, etc.) Loan repayment | (Real property, car, boat, etc.) Loan repayment |
| Commission or Rental Income, list each source of \$10,000 or more | re Commission or Rental Income, list each source of \$10,000 or more |
| (Describe) | (Describe) |
| Other(Describe) | Other(Describe) |
| ➤ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPOR | 11 |
| a retail installment or credit card transaction, made | ercial lending institution, or any indebtedness created as part o e in the lender's regular course of business on terms available fficial status. Personal loans and loans received not in a lender follows: INTEREST RATE TERM (Months/Years) |
| | % None |
| | |
| ADDRESS (Business Address Acceptable) | |
| ADDRESS (Business Address Acceptable) | SECURITY FOR LOAN |
| | |
| | SECURITY FOR LOAN None Personal residence Real Property |
| | SECURITY FOR LOAN None Personal residence |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | SECURITY FOR LOAN None Personal residence Real Property |
| BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD | SECURITY FOR LOAN None Personal residence Real Property |
| BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 | SECURITY FOR LOAN None Personal residence Real Property |
| BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 | SECURITY FOR LOAN None Personal residence Real Property Street address City Guarantor |
| BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 | SECURITY FOR LOAN None Personal residence Real Property |

SCHEDULE D Income - Gifts



| NAME OF SOURCE (Not an Acronym) | ► NAME OF SOURCE (Not an Acronym) |
|--|--|
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) |
| | |
| | |
| /\$ | |
| NAME OF SOURCE (Not an Acronym) | ► NAME OF SOURCE (Not an Acronym) |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) |
| / | |
| / | _ |
| | |
| NAME OF SOURCE (Not an Acronym) | ► NAME OF SOURCE (Not an Acronym) |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) |
| / | |
| /\$ | _ / |
| | |

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

| CALIFORNIA FORM FAIR POLITICAL PRACTICES OF | |
|---|--|
| Name | |

- 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) | ► 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):// AMT: \$ | DATE(S):// AMT: \$ |
| ► MUST CHECK ONE: Gift -or- Income | ► MUST CHECK ONE: Gift -or- Income |
| 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 |
| ► 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):// AMT: \$ | DATE(S):// AMT: \$ |
| ► MUST CHECK ONE: Gift -or- Income | ► MUST CHECK ONE: Gift -or- Income |
| 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 |
| | |
| Comments: | |
| | |