

Date Initial Filing Received Filing Official Use Only

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
White	Kevin		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms,			
Tulare County Employees' R	etirement Association		
Division, Board, Department, District, it		Your Position	
		Outside Investment Mana	
► If filing for multiple positions, list be	low or on an attachment /Do not	Outside Investment Manag	ger
g est manaple positions, not be	or or an attachment. (Do not	use acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check	at least one box)		
State	,	Udgo Poticad Judgo Pro Tom I	
-		<ul> <li>Judge, Retired Judge, Pro Tem Judge, (Statewide Jurisdiction)</li> </ul>	dage, or Court Commissioner
Multi-County		County of Tulare	
City of		Other Consultant	·
3. Type of Statement (Check at )			
Annual: The period covered is Jacobsen 21, 2023.	inuary 1, 2023, through	Leaving Office: Date Left(Check one	
<b>-or-</b> The period covered is	/, through	**************************************	
December 31, 2023.	, <b>g</b> .	of leaving office.	, , , ====, auto
Assuming Office: Date assumed		☐ The period covered is the date of leaving office.	/, through
Candidate: Date of Election	and office soug	ht, if different than Part 1:	
4. Schedule Summary (require	d) ► Total numbe	er of pages including this cover page	ne.
Schedules attached		, germaning and cover pay	
Schedule A-1 - Investments - s	schedule attached	Schedule C - Income, Loans, & Business	Positions – schedule attached
Schedule A-2 - Investments - s	schedule attached	Schedule D - Income - Gifts - schedule	
Schedule B - Real Property - s	chedule attached	Schedule E - Income - Gifts - Travel Paj	
- <b>or-</b> $\square$ <b>None</b> - No reportable int	erests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Pul	blic Document)	STATE	ZIP CODE
875 3rd Avenue, Floor 26	New	York NY	10000
DAYTIME TELEPHONE NUMBER	NOW	EMAIL ADDRESS	10022
(212 ) 454-0186		kevin.white@dws.com	
I have used all reasonable diligence in pherein and in any attached schedules is	reparing this statement. I have revertire and complete. I acknowledge	iewed this statement and to the best of my kno	owledge the information contained
		rnia that the foregoing is true and correct.	
Data 0:		7	
Date Signed 3 27 2024 (month, day, year		Signature (File the originally signed paper state	mont with your file #5 1
	-90	i no the originally signed paper state	mont with your milly official.)

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

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

NAME OF COURSE OF MICCAE	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
グかく	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
STE THIND AND USU YOLK, WY 10055	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
WEAD OF AMERICAS REAL ESTATE RETSEARCH	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Onl
\$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.)	(Real property, car, boat, etc.)
Loan repayment	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	Other
(Describe)	(Describe)
<ul> <li>2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P</li> </ul>	ERIOD
	lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follows	
regular course of business must be disclosed as follows	3:
regular course of business must be disclosed as follows	INTEREST RATE TERM (Months/Years) % None
regular course of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptable)	INTEREST RATE TERM (Months/Years)
regular course of business must be disclosed as follows	INTEREST RATE TERM (Months/Years) % None
regular course of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptable)	INTEREST RATE TERM (Months/Years)  ———————————————————————————————————
regular course of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptable)	INTEREST RATE TERM (Months/Years)
regular course of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	INTEREST RATE TERM (Months/Years)  ———————————————————————————————————
regular course of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD	INTEREST RATE TERM (Months/Years)  ———————————————————————————————————
regular course of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	INTEREST RATE TERM (Months/Years)
regular course of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	INTEREST RATE TERM (Months/Years)  ———————————————————————————————————
regular course of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	INTEREST RATE TERM (Months/Years)  ———————————————————————————————————



Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.		
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
White	Kevin	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms	:)	
Alameda County Employees	•	n
Division, Board, Department, District,		Your Position
► If filing for multiple positions, list by	Now or or or other	Outside Investment Manager
► If filing for multiple positions, list be	elow or on an attachment. (Do	not use acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check	k at least one box)	
☐ State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
		(Statewide Jurisdiction)
Multi-County		County of Alameda
City of		
No. of the same of		
3. Type of Statement (Check at		
Annual: The period covered is J December 31, 2023.	anuary 1, 2023, through	Leaving Office: Date Left/
-or-	/, thro	(Check one circle.)
December 31, 2023.	, thro	of leaving office.
Assuming Office: Date assumed	1 1	-or-
Justining Circles Date assumed		☐ The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office s	sought, if different than Part 1:
	1)	
4. Schedule Summary (require	ea) ► Total num	mber of pages including this cover page:
Schedules attached		
Schedule A-1 - Investments -		Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments -		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - s	schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
OF D None N	• 10 PM 10 PM 10 PM	
-or- None - No reportable in	terests on any schedule	5
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Pu	CIT blic Document)	TY STATE ZIP CODE
875 3rd Avenue, Floor 26		ew York NY 10022
DAYTIME TELEPHONE NUMBER	.,,	EMAIL ADDRESS NY 10022
(212 ) 454-0186		kevin.white@dws.com
I have used all reasonable diligence in patherein and in any attached schedules is	reparing this statement. I have	reviewed this statement and to the host of my knowledge the information
and policity of perjury und	or the laws of the state of Ca	alifornia that the foregoing is true and correct.
Date Signed 3/27/2024		Signature
(month, day, yea	ar)	(File the originally signed paper statement with your filing official.)



Date Initial Filing Received

A PUBLIC DOCUMENT

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) White Kevin 1. Office, Agency, or Court Agency Name (Do not use acronyms) San Joaquin County Employees' Retirement Association Division, Board, Department, District, if applicable Your Position Outside Investment Manager ▶ 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) ☐ Multi-County County of San Joaquin City of Other Consultant 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.) -or-The period covered is \_\_\_\_\_\_, through ☐ The period covered is January 1, 2023, through the date of leaving office. December 31, 2023. Assuming Office: Date assumed \_\_\_\_\_/\_\_/ ☐ The period covered is \_\_\_\_\_\_, through the date of leaving office. Candidate: Date of Election and office sought, if different than Part 1:\_\_\_\_\_ Schedule Summary (required) ► Total number of pages including this cover page: 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 STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 875 3rd Avenue, Floor 26 New York NY 10022 DAYTIME TELEPHONE NUMBER **EMAIL ADDRESS** (212 ) 454-0186 kevin.white@dws.com 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. 312712024 **Date Signed** Signature (File the originally signed paper statement with your filing official.)



Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Gaylord Laura 1. Office, Agency, or Court Agency Name (Do not use acronyms) Tulare County Employees' Retirement Association Division, Board, Department, District, if applicable Your Position side Outstide Investment Manager ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_ 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 Other Consultant 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.) -or-☐ The period covered is January 1, 2023, through the date The period covered is \_\_\_\_\_/\_\_\_\_ 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 MAILING ADDRESS CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 535 Anton Blvd., Suite 200 Costa Mesa CA 92626 DAYTIME TELEPHONE NUMBER (714) 640-3844 laura.gaylord@dws.com 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** Signature (File the originally signed paper statement with your filing official

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
	_

► 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
DWS	The state of the s
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
535 Anton Blud, Costa Mesa CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE 92626	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	
Manacina Director	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED No Income - Business Position Only	CDOOD IN COMP. THE COMP.
\$500 - \$1,000 \$1,000	GROSS INCOME RECEIVED No Income - Business Position Only
\$10,001 - \$100,000 OVER \$100,000	\$500 - \$1,000  \$1,001 - \$10,000  \$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	
(Real property, car, boat, etc.)	Sale of(Real property, car, boat, etc.)
Loan repayment	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	Other
(Describe)	(Describe)
* You are not required to report loans from a commercial le a retail installment or credit card transaction, made in the to members of the public without regard to your official stregular course of business must be disclosed as follows:	ending institution, or any indebtedness are stad as and a
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	04.
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other
	(Describe)
Comments:	



Date Initial Filing Received Filing Official Use Only

Ple	ease type or print in ink.	2.5	
	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
N	ligro	Michael	
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	Tulare County Employees' Retire	ement Association	
	Division, Board, Department, District, if app	licable	Your Position
			Outstide Investment Manager
	► If filing for multiple positions, list below	or on an attachment. (Do not us	
			, ,
	Agency:		Position:
2.	Jurisdiction of Office (Check at	least one hox)	
	State	3431 5115 252)	Under Policed Judge Dec Terr Judge Court Commissions
			<ul> <li>Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)</li> </ul>
	Multi-County		County of Tulare
	☐ City of		Other Consultant
_			
ა.	Type of Statement (Check at leas		
	Annual: The period covered is Janual December 31, 2023.	ary 1, 2023, through	Leaving Office: Date Left/
	-or- The period covered is	, through	☐ The period covered is January 1, 2023, through the date
	December 31, 2023.	, <b>g</b>	of leaving office.
	Assuming Office: Date assumed		☐ The period covered is/, through the date of leaving office.
	Candidate: Date of Election	and office sough	t, if different than Part 1:
4.	Schedule Summary (required)	> Total number	r of pages including this saver
-	Schedules attached	► Total Humber	r of pages including this cover page:
	Schedule A-1 - Investments - sche	edule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-2 - Investments - sche	N <sub>2</sub>	Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property - sche	edule attached	Schedule E - Income – Gifts – Travel Payments – schedule attached
	- N		
_	or- None - No reportable inter	ests on any schedule	
5.	Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY Document)	STATE ZIP CODE
	222 S. Riverside Plaza, Floor 34	4 Chica	
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
	(312 ) 537-9269	paring this statement. I have review	michael.nigro@dws.com
	herein and in any attached schedules is tr	ue and complete. I acknowledge	ewed this statement and to the best of my knowledge the information contained this is a public document.
			nia that the foregoing is true and correct.
	3/2/		/ ////
	Date Signed / D / month day year		Signature
_	(month, day, year)		(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 FAIR POLITICAL PRACTICES COMMISSION

Michael Nigro

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Abbott	Deutsche Bank AG
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Healthcare technology	
FAIR MARKET VALUE	Bank FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
X \$100,001 - \$1,000,000 Over \$1,000,000	■ \$100,001 - \$1,000,000
NATURE OF INVESTMENT  X Stock Other (Describe)	NATURE OF INVESTMENT  X Stock Other
(Describe)  Partnership   Income Received of \$0 - \$499   Income Received of \$500 or More (Report on Schedule C)	X 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	The Common State of the Co
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Abbvie Inc.	Exxon Mobile Corp.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Healthcare	Oil & Gas
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
■ \$100,001 - \$1,000,000	X \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock □ Other
(Describe)  Partnership O Income Received of \$0 - \$499  Income Received of \$500 or More (Report on Schedule C)	(Describe)  ☐ Partnership
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	
Avere on Duane LLC	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	Microsoft
SENERAL BESSAIF HOW OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Limited partnership	Software
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,000 \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000
	▼ \$100,001 - \$1,000,000
NATURE OF INVESTMENT Stock X Other business investment	NATURE OF INVESTMENT  X Stock Other
(Describe)  Partnership O Income Received of \$0 - \$499	(Describe)
Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23	00
ACQUIRED DISPOSED	
	DISTOGED
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 FAIR POLITICAL PRACTICES COMMISSION

Name

Michael Nigro

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Norfolk Southern	Take Two
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Railroad	
FAIR MARKET VALUE	software
	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000 \$1100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000
	X \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	Stock Other(Describe)
Partnership   Income Received of \$0 - \$499   Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O 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
Paychex	SAFE
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
payroll and payroll tax services	REIT
	KEII
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000 X \$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000 \$10,001 - \$100,000
Over \$1,000,000	▼ \$100,001 - \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE LIGHT DATE
Marian South State Company Sta	IF APPLICABLE, LIST DATE:
	10 / 20 / 23 / 1 / 23 / ACQUIRED DISPOSED
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
RREEF Core Plus Industrial Fund, LLC	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
real estate investment	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
<b>▼</b> \$100,001 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock X Other business investment (Describe)	Stock Other
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O 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 , , , 23	
ACQUIRED DISPOSED	
NOGONIED DIOFOGED	ACQUIRED DISPOSED
Community	
Comments:	

### SCHEDULE C Income, Loans, & Business

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name **Positions** (Other than Gifts and Travel Payments)

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
RREEF	The state of the s
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
222 S. Riverside Plaza, Floor 34. Chicago, IL 60606	The street (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Consultant	SSUMESS ASTATI, II ANI, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Managing Director	1 STATE DESIRED TO STATE A
GROSS INCOME RECEIVED No Income - Business Position Only	ODOGO WAGANE DO ANNO DE COMO D
\$500 - \$1,000   \$1,001 - \$10,000	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1.001 - \$10,000
\$10,001 - \$100,000	\$500 - \$1,000 \$1,001 - \$10,000 \$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.)	(Real property, car, boat, etc.)
Loan repayment	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 PER      * VOIL are not required to report loans from	
You are not required to report loans from a commercial le a retail installment or credit card transaction, made in the to members of the public without regard to your official sta- regular course of business must be disclosed as follows:	inding institution, or any indebtedness created as part of lender's regular course of business on terms available atus. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Rusiness Address Assertable)	% None
ADDRESS (Business Address Acceptable)	
DUDINEGO ACTIVITY IS ANY OF THE	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	
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Others
	Other(Describe)
Comments:	



Date Initial Filing Received Filing Official Use Only

-le	ease type or print in ink.					
NAN	ME OF FILER (LAST)	(FIRST)		(MIDDLE)		
EI	llsworth	Timothy				
1.	Office, Agency, or Court					
	Agency Name (Do not use acronyms)					
	Tulare County Employees' Retireme	nt Association				
	Division, Board, Department, District, if applicab	е	Your Po			
			S Out <del>st</del>	ો <b>તે</b> i <del>de</del> Investment Manag	ier	
	► If filing for multiple positions, list below or on	an attachment. (Do not	_			_
			, , , , , , , , ,			
	Agency:		Position	l:		_
,	Jurisdiction of Office (c)				-	—
۷.	Jurisdiction of Office (Check at least	one box)				
	State			Retired Judge, Pro Tem Jud vide Jurisdiction)	dge, or Court Commissioner	
	Multi-County		■ County	, <sub>of</sub> Tulare		
	City of		Other	Consultant		
3.	Type of Statement (Check at least one	haul				—
٥.						
	Annual: The period covered is January 1, December 31, 2023.	2023, through	∐ Leav	ng Office: Date Left (Check one		
	The period covered is/ December 31, 2023.	/, through	n □ T -or- °	he period covered is January fleaving office.	/ 1, 2023, through the date	
	Assuming Office: Date assumed		□ TI	ne period covered is/. e date of leaving office.	, through	
	Candidate: Date of Election	and office soud	tht, if different than	Part 1:		
_						
4.	Schedule Summary (required) Schedules attached	► Total numb	er of pages in	cluding this cover pag	re:t	
	_		Sahadula C	Incomo Lagna 9 Duginaga	Donitions askedule attacked	
	Schedule A-1 - Investments - schedule  Schedule A-2 - Investments - schedule			Income – Gifts – schedule a	Positions – schedule attached	
	Schedule B - Real Property – schedule			Income - Gifts - Travel Pay		
	Solication 5 - Notify Topolty - Schedule	attached		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
-(	or- None - No reportable interests	on any schedule				
5.	Verification					
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE	
	222 S. Riverside Plaza, Floor 34	Chic	ago	IL	60606	
	DAYTIME TELEPHONE NUMBER	Office	EMAIL ADDRESS		00000	_
	(312 ) 537-9228		tim.ellswoi	th@dws.com		
	I have used all reasonable diligence in preparing herein and in any attached schedules is true ar		viewed this statem	ent and to the best of my kno	wledge the information contain	ed
	I certify under penalty of perjury under the I	aws of the State of Calif	ornia that the for	egoing is true and correct.		
	Date Signed 319/1		Signature	//File the originally signed paper state		

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

Investments must be itemized. Do not attach brokerage or financial statements. CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

Tim Ellsworth

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Activision	Exxon Mobil
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Gaming	Oil
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000 <b>※</b> \$10,001 - \$100,000	\$2,000 - \$10,000 <b>X</b> \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT  X Stock Other (Describe)	NATURE OF INVESTMENT  Stock Other
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	(Describe)  Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Biogen	General Electric
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Biotechnology	Multinational
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>X</b> \$2,000 - \$10,000	<b>\$2,000 - \$10,000 \$10,001 - \$100,000</b>
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT  Stock Other	NATURE OF INVESTMENT  Stock Other
(Describe)  Partnership (Income Received of \$0 - \$499	(Describe)  Partnership (Income Received of \$0 - \$499)
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23 , , , 23	, , 23 , , 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Brown Forman	Helix
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Liquor	Energy
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>▼</b> \$2,000 - \$10,000	× \$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT  Stock Other	NATURE OF INVESTMENT   ▼ Stock
(Describe)  Partnership (Income Received of \$0 - \$499	(Describe)  Partnership (Income Received of \$0 - \$499)
○ Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

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

Investments must be itemized. Do not attach brokerage or financial statements. **CALIFORNIA FORM** FAIR POLITICAL PRACTICES COMMISSION

Name

Tim Ellsworth

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Humana	Southwest Airlines
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Health Insurance	
FAIR MARKET VALUE	Aviation FAIR MARKET VALUE
\$2,000 - \$10,000 <b>X</b> \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT  X Stock Other	NATURE OF INVESTMENT  Stock Other
(Describe) Partnership O Income Received of \$0 - \$499	(Describe)  Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$50 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
JP Morgan	Target
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Bank	Retail
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000
10 5001 00 00 00 00 00 00 00 00 00 00 00 00	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT  X Stock Other	NATURE OF INVESTMENT
(Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499
The state of the state of	○ 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
Northern Trust	Universal Display
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Bank	Technology
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 <b>X</b> \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	X \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT  Stock Other	NATURE OF INVESTMENT  X Stock Other
(Describe) Partnership O Income Received of \$0 - \$499	(Describe)
O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	, , 23 , , , 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments	

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

Investments must be itemized. Do not attach brokerage or financial statements. **CALIFORNIA FORM** FAIR POLITICAL PRACTICES COMMISSION

Name

Tim Ellsworth

► N	IAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
١	WABTEC	
G	ENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Fransportation	GENERAL DESCRIPTION OF THIS BUSINESS
_	AIR MARKET VALUE	
	\$2,000 - \$10,000 \times \$100,000	FAIR MARKET VALUE
Ē	\$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000
		\$100,001 - \$1,000,000 Over \$1,000,000
	ATURE OF INVESTMENT  Stock Other	NATURE OF INVESTMENT
Ŀ	(Describe)	Stock Other (Describe)
	Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
	O 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:
_	<u></u>	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
► N.	AME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	Walgreens Boots	
2	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
1	Healthcare	
FA	AIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 X \$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
N	ATURE OF INVESTMENT	
	Stock Other	NATURE OF INVESTMENT Stock Other
_	(Describe)	(Describe)
_	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499
	C MANAGE NEEDS OF CONTROL (Nepotr of Scriedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF	APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
31 <u>925 4 3</u>		/ / 23 / / 23
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
► N/	AME OF BUSINESS ENTITY	
	WILL OF BOOMEOS ENTITY	► NAME OF BUSINESS ENTITY
-	NEDAL DECORPTION OF THE	
GE	ENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FA	IR MARKET VALUE	EAID MADKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000
NA	TURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other	Stock Other
	Partnership O Income Received of \$0 - \$499	(Describe)
_	O Income Received of \$500 or More (Report on Schedule C)	Partnership O 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
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
	11	וואסעטוועט
Comr	ments:	

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

	DRNIA FORM 700 ITICAL PRACTICES COMMISSION
Name	
	Tim Ellsworth

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
RREEF	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
222 S. Riverside Plaza, Fl. 34, Chicago, IL 60606	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Consultant	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Managing Director	- Comen
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 X 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.)	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	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 P	
You are not required to report loans from a commercial a retail installment or credit card transaction, made in th	lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	
	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

A PUBLIC DOCUMENT

TULARE COUNTY EMPLOYEES'

**RECEIVED** 

Please type or print in ink.					THEMENT ASSOCIATION
NAME OF FILER (LAST)	(FIRST)			(MIDDLE)	
Henderson	W. Todd				
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)					
Tulare County Employees' Re	etirement Association				
Division, Board, Department, District, if	applicable		Your Positio	n	
			Outside	Investment Manager	
▶ If filing for multiple positions, list be	low or on an attachment. (D	o not use aci	ronyms)		
Agency:			Position:		
Agency.					
2. Jurisdiction of Office (Check	at least one box)				
State			☐ Judge, Re	tired Judge, Pro Tem Judge	e, or Court Commissioner
State				Jurisdiction)	
Multi-County			County of	Tulare	
☐ City of			Other C	onsultant	
3. Type of Statement (Check at	least one box)				
Annual: The period covered is J	anuary 1, 2023, through		Leaving	Office: Date Left/_ (Check one ci	
December 31, 2023.			□ The	period covered is January	
		through	of lea	aving office.	1, 2020, tillough the date
December 31, 2023.			-or-		, through
Assuming Office: Date assume	d			ate of leaving office.	,
Candidate: Date of Election	and office	ce sought, if o	different than Pa	art 1:	
Calluldate. Date of Election					
4. Schedule Summary (required	red) ► Total	number of	pages inclu	ding this cover page	: <u>3</u>
Schedules attached					
Schedule A-1 - Investments -	schedule attached	■ S	chedule C - In	come, Loans, & Business F	Positions - schedule attached
Schedule A-2 - Investments -				come - Gifts - schedule at	
Schedule B - Real Property -		□ s	chedule E - Inc	come – Gifts – Travel Payn	nents - schedule attached
-or- None - No reportable	nterests on any schedu	ıle			
5. Verification		- All North			
MAILING ADDRESS STREET		CITY		STATE	ZIP CODE
(Business or Agency Address Recommended -		Delles		TX	75201
300 Crescent Court, Suite 1  DAYTIME TELEPHONE NUMBER	795	Dallas	MAIL ADDRESS	1X	70201
(212 ) 454-6506		t	odd hender	son@dws.com	
I have used all reasonable diligence i	n preparing this statement. I	have reviewe	d this statemen	t and to the best of my know	wledge the information contained
herein and in any attached schedules	s is true and complete. I act	knowledge this	s is a public do	cument.	
I certify under penalty of perjury u	nder the laws of the State	of California	that the foreg	oing is true and correct.	
-1-1-				WIL	
Date Signed 3/27/2	024	Sigr	nature	File the originally signed paper statem	nent with your filing official.)

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

Todd Henderson

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Deutsche Bank	RREEF Core Plus Industrial Fund, LLC
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Investment Bank	Real Estate
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$2,000	× \$100,001 - \$1,000,000 Over \$1,000,000
M thousand therein.	
NATURE OF INVESTMENT Stock Stock Bank	NATURE OF INVESTMENT Stock Other Real Estate
Stock X Other Dail (Describe)	Stock Other Cear Listate (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23 , , , 23	, , 23, 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	Three Oaks LLC
RREEF America REIT II, Inc.	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	
REIT	Real Estate
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	× \$100,001 - \$1,000,000 Over \$1,000,000
WATER OF INVESTMENT	NATURE OF INVESTMENT Real Estate
NATURE OF INVESTMENT REIT	Stock A Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
O modifie received of code of more properties as concerns as	- manufactura assertational (2000) (2000) (2000) (2000)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
00	
	ACQUIRED DISPOSED
ACQUIRED DISPOSED	ACQUIRED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
HK Investment Partners	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Venture Capital Fund	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
TOTAL SECTION	, , 23 , , 23
	ACQUIRED DISPOSED
ACQUIRED DISPOSED	TI AOGUINED SIGI OCES
Comments:	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
	Todd Henderson	

NAME OF SOURCE OF INCOME  RREEF  ADDRESS (Business Address Acceptable)  300 Crescent Court, Suite 1795, Dallas, TX 75201  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Real Estate Consultant  YOUR BUSINESS POSITION  Managing Director  NAME OF SOURCE OF INCOME  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  YOUR BUSINESS POSITION  YOUR BUSINESS POSITION	1. INCOME RECEIVED	► 1. INCOME RECEIVED
ADDRESS (Business Address Acceptable)  300 Crescent Court, Suite 1795, Dallas, TX 75201  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Real Estate Consultant  YOUR BUSINESS POSITION  Managing Director  GROSS INCOME RECEIVED  No Income - Business Position Only   \$500 - \$1,000		NAME OF SOURCE OF INCOME
BUSINESS ACTIVITY, IF ANY, OF SOURCE  Real Estate Consultant  YOUR BUSINESS POSITION  Managing Director  GROSS INCOME RECEIVED   No Income - Business Position Only   5500 - \$1,000   \$1,001 - \$10,000   \$10,0	RREEF	
BUSINESS ACTIVITY, IF ANY, OF SOURCE  Real Estate Consultant YOUR BUSINESS POSITION  Managing Director  GROSS INCOME RECEIVED	ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Real Estate Consultant  YOUR BUSINESS POSITION  Managing Director  GROSS INCOME RECEIVED   No Income - Business Position Only   5500 - \$1,000   \$1,001 - \$10,000   \$1,001 - \$10,000   \$10,	300 Crescent Court, Suite 1795, Dallas, TX 75201	
YOUR BUSINESS POSITION  Managing Director  GROSS INCOME RECEIVED   No Income - Business Position Only   \$500 - \$1,000   \$1,001 - \$10,000   \$10,001	BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Managing Director  GROSS INCOME RECEIVED  No Income - Business Position Only   \$500 - \$1,000	Real Estate Consultant	
GROSS INCOME RECEIVED  No Income - Business Position Only	YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Sincoth Received   St.000   St.001 - \$10,000   St	Managing Director	
Solor - \$100.000   NOVER \$100.000   SOVER \$100.000   SOVER \$100.000   SOVER \$100.000   SOVER \$100.000   SOVER \$100.000   Sover so 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.)   Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.)   Sale of   (Real propenty, 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   Commission or   Rental Income, list each source of \$10.000 or more   Commission or   Rental Income, list each source of \$10.000 or more   Commission or   Rental Income, list each source of \$10.000 or more   Commission or   Rental Income, list each source of \$10.000 or more   Commission or   Rental Income, list each source of \$10.000 or more   Commission or   Rental Income, list each source of \$10.000 or more   Commission or   Rental Income, list each source of \$10.000 or more   Commission or   Rental Income, list each source of \$10.000 or more   Commission or   Rental Income, list each source of \$10.000 or more   Commission or   Rental Income, list each source of \$10.000 or more   Commission or   Rental Income, list each source of \$10.000 or more   Commission or   Rental Income, list each source of \$10.000 or more   Commission or   Rental Income, list each source of \$10.000 or more   Commission or   Rental Income, list each source of \$10.000 or more   Commission or   Rental Income, list each source of \$10.000 or more   Commission or   Rental Income, list each source of \$10.000 or more   Commission or   Rental Income, list each source of \$10.000 or more   Commission or   Rental Income, list each source of \$10.000 or more   Commission or   Rental Income, list each source of \$10.000 or m	GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
CONSIDERATION FOR WHICH INCOME WAS RECEIVED    Salary	\$500 - \$1,000 \$1,001 - \$10,000	
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   Real property, car, boat, etc.)   Sale of   Real property, car, boat, etc.)   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   R	S10,001 - \$100,000 X OVER \$100,000	1 - Maria Cara-Carana
Gescribe		The state of the s
Schedule A-2.)   Sale of		(For self-employed use Schedule A-2.)
Case property, car, boat, etc.)   Case property, car, boat, etc.)   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or more   Commission or   Rental Income, list each source of \$10,000 or nore   Commission or   Rental Income, list each source of \$10,000 or nore   Commission or   Rental Income, list each source of \$10,000 or nore   Commission or   Rental Income, list each source of \$10,000 or nore   Commission or   Rental Income, list each source of \$10,000 or nore   Commission or   Rental Income, list each source of \$10,000 or nore   Commission or   Rental Income, list each source of \$10,000 or nore   Commission or   Rental Income, list each source of \$10,000 or nore   Commission or   Commission or   Rental Income, list each source of \$10,000 or nore   Commission or   Commission o		
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Continuity   Con		
Other	Commission or Rental Income, list each source of \$10,000 or more	Commission of Rental Income, list each source of \$10,000 of Information
Other	(Describe)	(Describe)
Describe   Content   Co		Other
* You are not required to report loans from a commercial lending institution, or any indebtedness created as part or 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 regular course of business must be disclosed as follows:  NAME OF LENDER*  INTEREST RATE  TERM (Months/Years)  ADDRESS (Business Address Acceptable)  SECURITY FOR LOAN  None  Personal residence  Real Property  Street address  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000  Guarantor  OVER \$100,000	(Describe)	(Describe)
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 regular course of business must be disclosed as follows:  NAME OF LENDER*  INTEREST RATE  TERM (Months/Years)  ADDRESS (Business Address Acceptable)  SECURITY FOR LOAN  None  Personal residence  Real Property  Street address  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$10,001 - \$10,000  OVER \$100,000		
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  BUSINESS ACTIVITY, IF ANY, OF LENDER    None   Personal residence     Real Property   Street address     Street address     Street address     Guarantor     Stool - \$1,000     \$10,001 - \$100,000     OVER \$100,000     OVER \$100,000	a retail installment or credit card transaction, made in to members of the public without regard to your officia	the lender's regular course of business on terms available all status. Personal loans and loans received not in a lender's
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER    None	NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
BUSINESS ACTIVITY, IF ANY, OF LENDER    None	ADDRESS (Pusinoss Address Accentable)	%
### BUSINESS ACTIVITY, IF ANY, OF LENDER    Real Property	ADDITEGO (Basilioso Addition Acceptation)	SECURITY FOR LOAN
Real Property   Street address	BUSINESS ACTIVITY IF ANY OF LENDER	None Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000	BUSINESS ACTIVITY, II ANY, OF ELISEIN	
\$500 - \$1,000		Real PropertyStreet address
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□ \$10,001 - \$100,000  □ OVER \$100,000		City
OVER \$100,000	\$1,001 - \$10,000	Guarantor
OVER \$100,000 Other	\$10,001 - \$100,000	
(Destrine)	OVER \$100,000	Other
		(Describe)
Comments:	Comments:	