

COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) Garcia (FIRST) Robert (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City Officials - City Council
Division, Board, Department, District, if applicable Your Position Mayor

► 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 or Court Commissioner (Statewide Jurisdiction)
Multi-County County of
City of Long Beach Other

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

Annual: The period covered is January 1, 2018, through December 31, 2018. Leaving Office: Date Left
-or- The period covered is through December 31, 2018. The period covered is January 1, 2018, through the date of leaving office.
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:

4. Schedule Summary (must complete) Total number of pages including this cover page: 15

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)
333 W. Ocean Blvd., Lobby Level Long Beach CA 90802
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
() robert.garcia@longbeach.gov

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 04/01/2019 04:41 PM Signature Electronic Submission
(month, day, year) (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

Robert Garcia

▶ 1. INCOME RECEIVED
▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
The Dirksen Congressional Center

ADDRESS (Business Address Acceptable)
2815 Broadway, Pekin, IL 61544

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Civic engagement non-profit

YOUR BUSINESS POSITION
Writer

GROSS INCOME RECEIVED No Income - Business Position Only

\$500 - \$1,000 \$1,001 - \$10,000

\$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

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.)

Sale of _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other _____
(Describe)

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED No Income - Business Position Only

\$500 - \$1,000 \$1,001 - \$10,000

\$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

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.)

Sale of _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000

\$1,001 - \$10,000

\$10,001 - \$100,000

OVER \$100,000

INTEREST RATE TERM (Months/Years)

_____ % None _____

SECURITY FOR LOAN

None Personal residence

Real Property _____
Street address

_____ City

Guarantor _____

Other _____
(Describe)

Comments: _____

SCHEDULE D
Income – Gifts

Name
Robert Garcia

▶ NAME OF SOURCE *(Not an Acronym)*
Musical Theater West
 ADDRESS *(Business Address Acceptable)*
4350 E. 7th St., Long Beach, CA 90804
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Musical Theater

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 20 / 18</u>	\$ <u>92</u>	<u>Theater Ticket</u>
<u>04 / 06 / 18</u>	\$ <u>92</u>	<u>Theater Ticket</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Queen Mary
 ADDRESS *(Business Address Acceptable)*
1126 Queens Highway, Long Beach, CA 90802
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tourist Attraction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 19 / 18</u>	\$ <u>200</u>	<u>Admission Ticket</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Long Beach Symphony
 ADDRESS *(Business Address Acceptable)*
249 E Ocean Blvd #200, LB, CA 90802
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 17 / 18</u>	\$ <u>121</u>	<u>Admission ticket</u>
<u>06 / 12 / 18</u>	\$ <u>103</u>	<u>Autographed score</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Cal State University Long Beach
 ADDRESS *(Business Address Acceptable)*
1250 Bellflower Blvd. LB, CA 90840
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 17 / 18</u>	\$ <u>15</u>	<u>Admission ticket</u>
<u>05 / 05 / 18</u>	\$ <u>30</u>	<u>Admission ticket</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Goldenvoice, LLC
 ADDRESS *(Business Address Acceptable)*
7175 Sunset Boulevard, LA, CA 90046
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Concert production

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 07 / 18</u>	\$ <u>300</u>	<u>Admission tickets</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Robert Garcia

▶ NAME OF SOURCE (Not an Acronym)
Stephen and Amy James
 ADDRESS (Business Address Acceptable)
6475 E. PCH, Suite 239, LB, CA 90803
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 100</u>	<u>Airline gift card</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Ryan Murray
 ADDRESS (Business Address Acceptable)
24 Ford St, 5D, Brooklyn, NY 11213
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 25</u>	<u>Resort gift card</u>
<u>12 / 22 / 18</u>	<u>\$ 63</u>	<u>Hotel gift card</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Lori Ann Farrell and Reggie Harrsion
 ADDRESS (Business Address Acceptable)
5403 E Wardlow Road, LB, CA 90808
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 100</u>	<u>Lowe's gift card</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Dede Rossi
 ADDRESS (Business Address Acceptable)
4025 E. 6th Street, LB, CA 90814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 65</u>	<u>Cookware</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Mario Trujillo
 ADDRESS (Business Address Acceptable)
12659 Izetta Ave, Downey, CA 90241
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 50</u>	<u>Airline gift card</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
David Gould and Deborah Chankin
 ADDRESS (Business Address Acceptable)
249 E. Ocean Blvd, #685, LB, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 175</u>	<u>Cruise gift card</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: All gifts from this page on are wedding gifts.

SCHEDULE D
Income – Gifts

Name
Robert Garcia

▶ NAME OF SOURCE *(Not an Acronym)*
Robert and Nancy Foster
 ADDRESS *(Business Address Acceptable)*
6074 Lido Lane, Long Beach, CA 90803
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 125</u>	<u>Hotel gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Stephanie Loftin and Reba Birmingham
 ADDRESS *(Business Address Acceptable)*
782 Pacific Ave., LB, CA 90813
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 50</u>	<u>Airline gift card</u>
<u>12 / 22 / 18</u>	<u>\$ 50</u>	<u>Hotel gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Jessica and Chendo Quintana
 ADDRESS *(Business Address Acceptable)*
233 E Pleasant St, LB, CA 90805
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 125</u>	<u>Airline gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Sara and Dinesh Sadwani
 ADDRESS *(Business Address Acceptable)*
5178 La Canada Blvd, La Canada, CA 91011
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 125</u>	<u>Cruise gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
John and Elizabeth Allen
 ADDRESS *(Business Address Acceptable)*
1820 Petaluma Ave, LB, CA 90815
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 125</u>	<u>Cruise gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Stephen Gallagher and Tom Contegni
 ADDRESS *(Business Address Acceptable)*
95 La Cerra Dr. Rancho Mirage, CA 92270
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 100</u>	<u>Resort gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Robert Garcia

▶ NAME OF SOURCE *(Not an Acronym)*
Jeff Price and Ed Morrison
 ADDRESS *(Business Address Acceptable)*
3649 Orange Ave, LB, CA 90807
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 100</u>	<u>Resort gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Laura Doud
 ADDRESS *(Business Address Acceptable)*
256 Siena Dr., LB, CA 90803
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 50</u>	<u>Resort gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Colleen Bently
 ADDRESS *(Business Address Acceptable)*
33 Pomona Ave, LB, CA 90803
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 50</u>	<u>Airline gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Suzie Price
 ADDRESS *(Business Address Acceptable)*
631 Los Altos Ave, LB, CA 90814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 78</u>	<u>House furnishings</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Michael Barber
 ADDRESS *(Business Address Acceptable)*
2262 2nd St, LB, CA 90803
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 125</u>	<u>Airline gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Diana Tang
 ADDRESS *(Business Address Acceptable)*
5218 E Harco St. Long Beach, CA 90808
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 60</u>	<u>Home furnishings</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Robert Garcia

▶ NAME OF SOURCE *(Not an Acronym)*
Gary and Dawna DeLong
 ADDRESS *(Business Address Acceptable)*
5100 E Anaheim Rd, LB, CA 90815
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 250</u>	<u>Resort gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Eric Garcetti and Amy Elaine Wakeland
 ADDRESS *(Business Address Acceptable)*
605 South Irving Blvd., LA, CA 90005
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 100</u>	<u>Resort gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Ma Mariano
 ADDRESS *(Business Address Acceptable)*
140 Linden Ave., #856, LB, CA 90802
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 75</u>	<u>Resort gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Kenneth McDonald
 ADDRESS *(Business Address Acceptable)*
4816 Ashby Grove, Roswell, GA 30075
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 50</u>	<u>Resort gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Monique DeLaGarza
 ADDRESS *(Business Address Acceptable)*
4024 E Colorado St, LB, CA 90814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 50</u>	<u>Resort gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Angel Macias
 ADDRESS *(Business Address Acceptable)*
4301 E. 2nd St., 3F, LB, CA 90803
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 100</u>	<u>Resort gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Robert Garcia

▶ NAME OF SOURCE *(Not an Acronym)*
Mr. and Mrs. James Eleopoulos
 ADDRESS *(Business Address Acceptable)*
3317 Cerritos Ave, Signal Hill, CA 90755
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 125</u>	<u>Airline gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Michele Grubbs
 ADDRESS *(Business Address Acceptable)*
291 Pomona Ave., LB, CA 90803
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 75</u>	<u>Resort gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Joel Fajardo
 ADDRESS *(Business Address Acceptable)*
229 N Meyer St, Sn Fernando, CA 91340
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 50</u>	<u>Lowe's gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Richard Gaylord
 ADDRESS *(Business Address Acceptable)*
127 St. Joseph Ave., C, LB, CA 90803
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 65</u>	<u>Home furnishings</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Craig Beck
 ADDRESS *(Business Address Acceptable)*
20402 Regal Ci, Huntington Beach, CA 92646
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 50</u>	<u>Resort gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Theresa Bixby
 ADDRESS *(Business Address Acceptable)*
501 Margo Ave. LB, CA 90803
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 75</u>	<u>Resort gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Robert Garcia

▶ NAME OF SOURCE *(Not an Acronym)*
Denise Diaz
 ADDRESS *(Business Address Acceptable)*
10365 Virgina, South Gate, CA 90280
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 50</u>	<u>Resort gift card</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Robert Dowell
 ADDRESS *(Business Address Acceptable)*
19401 Bechard Ave, Cerritos, CA 90703
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 100</u>	<u>Resort gift card</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Raymond and Tiff Lin
 ADDRESS *(Business Address Acceptable)*
4687 Adagio Ln, Cypress, CA 90630
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 139</u>	<u>Office furnishings</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Jerry and Marfaret Schubel
 ADDRESS *(Business Address Acceptable)*
225 West 3rd. St, LB, CA 90802
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 100</u>	<u>Resort gift card</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Lou Bynum
 ADDRESS *(Business Address Acceptable)*
651 Ultimo Ave., LB, CA 90814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 125</u>	<u>Hotel gift card</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Evan Low
 ADDRESS *(Business Address Acceptable)*
912 Campisi Way, Unit 307, Campbell, CA 95008
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 50</u>	<u>Resort gift card</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Robert Garcia

▶ NAME OF SOURCE *(Not an Acronym)*
Terry Beebe
 ADDRESS *(Business Address Acceptable)*
528 W. Greendale St., Covina, CA 91723
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 100</u>	<u>Resort gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Paul Garman
 ADDRESS *(Business Address Acceptable)*
2650 Pala Way, Laguna Beach, CA 92651
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 100</u>	<u>Resort gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Arline and Mike Walter
 ADDRESS *(Business Address Acceptable)*
300 Winslow Ave, LB, CA 90814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 125</u>	<u>Airline gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Bruce MacRae
 ADDRESS *(Business Address Acceptable)*
1849 North Britton Dr, LB, CA 90815
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 56</u>	<u>Kitchenware</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Anthony Rendon and Annie Lam
 ADDRESS *(Business Address Acceptable)*
6320 Dashwood St, Lakewood, CA 90713
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 125</u>	<u>Cruise gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Camille Bolton
 ADDRESS *(Business Address Acceptable)*
1701 Bayou Way, Seal Beach, CA 90740
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 50</u>	<u>Resort gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Robert Garcia

▶ NAME OF SOURCE *(Not an Acronym)*
Sunny Zia
 ADDRESS *(Business Address Acceptable)*
411 W. Seaside Way, LB, CA 90802
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 50</u>	<u>Resort gift card</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Betty Downing
 ADDRESS *(Business Address Acceptable)*
3765 Myrtle Ave., LB CA 90802
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 50</u>	<u>Resort gift card</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Diane Ripley
 ADDRESS *(Business Address Acceptable)*
2892 Bellflower Blvd., 459, LB, CA 90804
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 65</u>	<u>Cookware</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Eric Hacopian and Christina Yessaian
 ADDRESS *(Business Address Acceptable)*
10748 Valley Spring Lane, Studio City, CA 91602
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 100</u>	<u>Resort gift card</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Sharon Weissman
 ADDRESS *(Business Address Acceptable)*
3549 Lees Ave., LB, CA 90808
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 121</u>	<u>Cookware</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Javier Ortiz
 ADDRESS *(Business Address Acceptable)*
9819 Sunglow St., Pico Rivera, CA 90660
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 50</u>	<u>Airline gift card</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Robert Garcia

▶ NAME OF SOURCE *(Not an Acronym)*
Gerald Miller
 ADDRESS *(Business Address Acceptable)*
6531 Deleon St., LB, CA 90815
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 75</u>	<u>Resort gift card</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Elaine Hutchison
 ADDRESS *(Business Address Acceptable)*
4543 E. Anaheim St., LB, CA 90804
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 117</u>	<u>House furnishings</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Marsha Naify
 ADDRESS *(Business Address Acceptable)*
321 Redondo Ave, LB, CA 90814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 115</u>	<u>House furnishings</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Nancy Pfeffer
 ADDRESS *(Business Address Acceptable)*
315 W. 3rd St., 504, LB, CA 90802
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 50</u>	<u>Lowe's Gift card</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Carmen Perez
 ADDRESS *(Business Address Acceptable)*
7118 Peabody St., LB, CA 90808
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 50</u>	<u>Airline gift card</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Jason Marquez and Jose Luis Solache
 ADDRESS *(Business Address Acceptable)*
11637 Vieta Ave, Lynwood, CA 90262
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 100</u>	<u>Airline gift card</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Robert Garcia

▶ NAME OF SOURCE *(Not an Acronym)*
David Vela
 ADDRESS *(Business Address Acceptable)*
340 N. Greenwood Ave, Monte Bello, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 50</u>	<u>Lowe's gift card</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE *(Not an Acronym)*
Darin DeWitt
 ADDRESS *(Business Address Acceptable)*
4614 Via Colina, Unit 623, LA, CA 90042
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 50</u>	<u>Resort gift card</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE *(Not an Acronym)*
Mark Taylor and Melissa Infusino
 ADDRESS *(Business Address Acceptable)*
833 Pine Ave, Long Beach, CA 90813
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 100</u>	<u>Resort gift card</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE *(Not an Acronym)*
Wendy Mitchell
 ADDRESS *(Business Address Acceptable)*
4620 Mary Ellen Ave., Sherman Oaks, CA 91423
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 70</u>	<u>Kitchenware</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE *(Not an Acronym)*
Cookie Braude
 ADDRESS *(Business Address Acceptable)*
800 E. Ocean Blvd, LB, CA 90802
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 120</u>	<u>Pet care product</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE *(Not an Acronym)*
Dale Warner
 ADDRESS *(Business Address Acceptable)*
330 Pine Ave, LB, CA 90802
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 350</u>	<u>Champagne</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

Comments: _____

SCHEDULE D Income – Gifts

Name
Robert Garcia

▶ NAME OF SOURCE *(Not an Acronym)*
John Morris, Steve Goodling, Bill Rouse, Imran Ahmed, and Charles Bernie
 ADDRESS *(Business Address Acceptable)*
300 E Ocean Blvd., LB, CA 90802
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 350</u>	<u>Kitchenware</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE *(Not an Acronym)*
Terese Parkin
 ADDRESS *(Business Address Acceptable)*
6316 E. Ellis St., LB, CA 90803
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 78</u>	<u>House furnishings</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE *(Not an Acronym)*
Gary and Gary Crummitt
 ADDRESS *(Business Address Acceptable)*
525 E. Seaside Way, Suite 101 C, LB, CA 90802
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 100</u>	<u>Resort gift card</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

Comments: _____

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

Name
Robert Garcia

- 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)
The Aspen Institute

ADDRESS (Business Address Acceptable)
One Dupont Circle, NW Suite 700

CITY AND STATE
Washington, DC

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

DATE(S): 12 / 06 / 18 - 12 / 08 / 18 AMT: \$ 1,048
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description Participated in educational seminars

▶ If Gift, Provide Travel Destination Hotel stay and travel for Rodel Fellowship in Aspen, CO

▶ NAME OF SOURCE (Not an Acronym)
Bloomberg Philanthropies

ADDRESS (Business Address Acceptable)
25 East 78th Street

CITY AND STATE
New York, NY 10075

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

DATE(S): 10 / 28 / 18 - 10 / 31 / 18 AMT: \$ 1,986
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description Participated in educational seminar

▶ If Gift, Provide Travel Destination Hotel stay and travel to Detroit, MI for CityLab

▶ 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: _____