CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Arambula	Joaquin	

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
24 MAR -1 AM 9:57

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California State Assembly

Division, Board, Department, District, if applicable
District 31

Your Position
Assembly Member

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

Agency: High Speed Rail Authority Position: Board Member

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

- [x] 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 one box)*

- [x] **Annual:** The period covered is January 1, 2023, through December 31, 2023.
  -or-
  The period covered is ____/____/_____, through December 31, 2023.
- [ ] **Assuming Office:** Date assumed ____/____/_____
- [ ] **Leaving Office:** Date Left ____/____/_____ *(Check one circle.)*
  - [ ] The period covered is January 1, 2023, through the date of leaving office.
  -or-
  - [ ] The period covered is ____/____/_____, through the date of leaving office.
- [ ] **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► ***Total number of pages including this cover page:*** 8

Schedules attached

- [x] **Schedule A-1** - *Investments* – schedule attached
- [ ] **Schedule A-2** - *Investments* – schedule attached
- [ ] **Schedule B** - *Real Property* – schedule attached
- [x] **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- [x] **Schedule D** - *Income – Gifts* – schedule attached
- [x] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or- [ ] ***None*** - *No reportable interests on any schedule*

5. Verification

[redacted]

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 fo[redacted]

Date Signed February 28, 2024
(month, day, year)

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

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Joaquin Arambula

► NAME OF BUSINESS ENTITY
ERP Operating Limited

GENERAL DESCRIPTION OF THIS BUSINESS
Two North Riverside, Chicago IL 60606

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

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
■ Partnership ☐ Income Received of $0 - $499
■ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/23 ACQUIRED __/__/23 DISPOSED

► NAME OF BUSINESS ENTITY
Ameriprise Financial

GENERAL DESCRIPTION OF THIS BUSINESS
Financial

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

NATURE OF INVESTMENT
■ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/23 ACQUIRED __/__/23 DISPOSED

► NAME OF BUSINESS ENTITY
Bank of America

GENERAL DESCRIPTION OF THIS BUSINESS
Financial

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

NATURE OF INVESTMENT
■ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/23 ACQUIRED __/__/23 DISPOSED

► NAME OF BUSINESS ENTITY
Berkshire Hathaway

GENERAL DESCRIPTION OF THIS BUSINESS
Insurance

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

NATURE OF INVESTMENT
■ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/23 ACQUIRED __/__/23 DISPOSED

► NAME OF BUSINESS ENTITY
Blackstone Inc

GENERAL DESCRIPTION OF THIS BUSINESS
Private Investment Banking

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

NATURE OF INVESTMENT
■ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/23 ACQUIRED __/__/23 DISPOSED

► NAME OF BUSINESS ENTITY
Boston Scientific

GENERAL DESCRIPTION OF THIS BUSINESS
Medical

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

NATURE OF INVESTMENT
■ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/23 ACQUIRED __/__/23 DISPOSED

Comments: _____

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Joaquin Arambula

► NAME OF BUSINESS ENTITY
Brinker International Inc

GENERAL DESCRIPTION OF THIS BUSINESS
Food

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

NATURE OF INVESTMENT
■ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/23 ACQUIRED __/__/23 DISPOSED

► NAME OF BUSINESS ENTITY
Citigroup Inc

GENERAL DESCRIPTION OF THIS BUSINESS
Financial

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

NATURE OF INVESTMENT
■ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/23 ACQUIRED __/__/23 DISPOSED

► NAME OF BUSINESS ENTITY
Colgate-Palmolive

GENERAL DESCRIPTION OF THIS BUSINESS
Consumer Products

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

NATURE OF INVESTMENT
■ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/23 ACQUIRED __/__/23 DISPOSED

► NAME OF BUSINESS ENTITY
Costco Wholesale

GENERAL DESCRIPTION OF THIS BUSINESS
Retail

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

NATURE OF INVESTMENT
■ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/23 ACQUIRED __/__/23 DISPOSED

► NAME OF BUSINESS ENTITY
Deutsche Telekom

GENERAL DESCRIPTION OF THIS BUSINESS
Telecommunications

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

NATURE OF INVESTMENT
■ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/23 ACQUIRED __/__/23 DISPOSED

► NAME OF BUSINESS ENTITY
General Mills

GENERAL DESCRIPTION OF THIS BUSINESS
Food

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

NATURE OF INVESTMENT
■ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/23 ACQUIRED __/__/23 DISPOSED

Comments: _____

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Joaquin Arambula

► NAME OF BUSINESS ENTITY
JP Morgan Chase

GENERAL DESCRIPTION OF THIS BUSINESS
Financial

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

NATURE OF INVESTMENT
■ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/23 ACQUIRED __/__/23 DISPOSED

► NAME OF BUSINESS ENTITY
SBA Communications

GENERAL DESCRIPTION OF THIS BUSINESS
Real Estate

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

NATURE OF INVESTMENT
■ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/23 ACQUIRED __/__/23 DISPOSED

► NAME OF BUSINESS ENTITY
United Parcel Services

GENERAL DESCRIPTION OF THIS BUSINESS
Shipping Courier

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

NATURE OF INVESTMENT
■ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/23 ACQUIRED __/__/23 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/23 ACQUIRED __/__/23 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/23 ACQUIRED __/__/23 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/23 ACQUIRED __/__/23 DISPOSED

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Joaquin Arambula

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
ERP Operating Limited

ADDRESS *(Business Address Acceptable)*
Two North Riverside, Chicago IL 60606

BUSINESS ACTIVITY, IF ANY, OF SOURCE
real estate

YOUR BUSINESS POSITION
investor

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)*

▶ 1. INCOME RECEIVED

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 _____% ☐ None

TERM (Months/Years) _____

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*
  _____ *City*
- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Joaquin Arambula

► NAME OF SOURCE *(Not an Acronym)*
Rendon for Assembly 2022

ADDRESS *(Business Address Acceptable)*
16633 Ventura Blvd, Ste 1008, Los Angeles CA 9142[illegible]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/04/23	$271.96	food/drink
03/27/23	$93.20	food/drink
05/17/23	$35.00	custom hat

► NAME OF SOURCE *(Not an Acronym)*
California Democratic Party

ADDRESS *(Business Address Acceptable)*
1830 9th Street, Sacramento CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/11/23	$80.93	food/drink
01/12/23	$66.63	food/drink
04/18/23	$66.14	food/drink

► NAME OF SOURCE *(Not an Acronym)*
California Democratic Party

ADDRESS *(Business Address Acceptable)*
1830 9th Street, Sacramento CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/29/23	$72.83	food/drink
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Tribal Business Alliance

ADDRESS *(Business Address Acceptable)*
1530 J Street, Suite 410 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
tribal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/12/23	$54.75	food/drink
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Latino Legislative Caucus Foundation

ADDRESS *(Business Address Acceptable)*
777 S. Figueroa St, Suite 4050 Los Angeles 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/19/23	$71.03	vase and flowers
03/30/23	$10.16	cesar chavez print
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Fresno Fair

ADDRESS *(Business Address Acceptable)*
1121 S Chance Avenue, Fresno CA 93702

BUSINESS ACTIVITY, IF ANY, OF SOURCE
entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/04/23	$240.00	tickets
/ /	$	
/ /	$	

Comments:

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Joaquin Arambula

► NAME OF SOURCE *(Not an Acronym)*
Speaker 2023 Inaugural Fund

ADDRESS *(Business Address Acceptable)*
2102 Business Center Dr, Ste 130, Irvine CA 92612

BUSINESS ACTIVITY, IF ANY, OF SOURCE
political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06/29/23	$109.86	food/drink
06/30/23	$85.94	engraved box
06/30/23	$97.14	food/drink

► 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)
___/___/___	$	
___/___/___	$	
___/___/___	$	

► 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)
___/___/___	$	
___/___/___	$	
___/___/___	$	

► 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)
___/___/___	$	
___/___/___	$	
___/___/___	$	

► 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)
___/___/___	$	
___/___/___	$	
___/___/___	$	

► 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)
___/___/___	$	
___/___/___	$	
___/___/___	$	

Comments:

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Joaquin Arambula

- **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)*
California Latino Legislative Caucus Foundation

ADDRESS *(Business Address Acceptable)*
777 S. Figueroa Street, Suite 4050

CITY AND STATE
Los Angeles, CA

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

DATE(S): 03/03/23 - 03/04/23 *(If gift)* AMT: $ 1172.58

► MUST CHECK ONE: ☒ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description policy conference

► If Gift, Provide Travel Destination Anaheim, CA

► 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): ___/___/___ - ___/___/___ *(If gift)* AMT: $

► 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): ___/___/___ - ___/___/___ *(If gift)* AMT: $

► 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): ___/___/___ - ___/___/___ *(If gift)* AMT: $

► MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► If Gift, Provide Travel Destination

Comments: