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)
Jones	Brian	W

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

State Senate

Division, Board, Department, District, if applicable

District 40

Your Position

Senator

► 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)*

- [X] State
- [ ] Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
  -or-
  The period covered is ____/____/____, through December 31, 2025.
- [ ] **Assuming Office:** Date assumed ____/____/____
- [ ] **Leaving Office:** Date Left ____/____/____
  (Check one circle below.)
  ◯ The period covered is January 1, 2025, 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

- [ ] **Schedule A-1 -** *Investments* – schedule attached
- [X] **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
- [ ] **Attachment 700-P -** *Prospective Employment (87200 Filers Only)* – schedule attached

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

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
[redacted]				

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
[redacted]	[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 foregoing is true and correct.

Date Signed 03/02/2026 04:02 PM *(month, day, year)*

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

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Brian Jones

▶ 1. BUSINESS ENTITY OR TRUST

Dior Jones
Name
10517 Braverman Dr, Santee, CA 92071
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☒ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS
Interior Decorating

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☒ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/25 ACQUIRED ___/___/25 DISPOSED

NATURE OF INVESTMENT
☒ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION Partner

▶ 1. BUSINESS ENTITY OR TRUST

Name
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/25 ACQUIRED ___/___/25 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☒ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☒ None or ☐ Names listed below

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☐ Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

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

IF APPLICABLE, LIST DATE:
___/___/25 ACQUIRED ___/___/25 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

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

IF APPLICABLE, LIST DATE:
___/___/25 ACQUIRED ___/___/25 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Brian Jones

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Break Out Sales and Marketing

ADDRESS *(Business Address Acceptable)*
452 East Silverado Ranch Blvd #145 Las Vegas, NV 89183

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Food Broker

YOUR BUSINESS POSITION
Sales

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: Brian Jones

► NAME OF SOURCE *(Not an Acronym)*
California State Association of Counties
ADDRESS *(Business Address Acceptable)*
1100 K Street, Ste. 101, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 30 / 25	$173.00	Food & Drink
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Viejas Band of Kumeyaay Indians
ADDRESS *(Business Address Acceptable)*
1 Viejas Grade Road, Alpine, CA 91901
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tribal Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 20 / 25	$125.17	Food & Drink
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Building Industry Association of San Diego County
ADDRESS *(Business Address Acceptable)*
9201 Spectrum Center Blvd., #110, San Diego, CA 92123
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 01 / 25	$318.44	Food & Drink
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Hispanic Chambers of Commerce
ADDRESS *(Business Address Acceptable)*
1510 J St #210, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 22 / 25	$80.00	Food & Drink
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Communities for California Cardrooms
ADDRESS *(Business Address Acceptable)*
1017 L Street, #646, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 25	$103.26	Food & Drink
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Reyes Holdings LLC
ADDRESS *(Business Address Acceptable)*
455 Market Street, Ste. 1400, San Francisco, CA 94105
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Food & Beverage

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 02 / 25	$133.71	Food & Drink
/ /	$	
/ /	$	

Comments:

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Brian Jones

► NAME OF SOURCE *(Not an Acronym)*
Legislative Action California
ADDRESS *(Business Address Acceptable)*
1215 K Street, Ste. 1750 , Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 28 / 25	$230	Gift giveaway
09 / 27 / 25	$90	Golf
09 / 27 / 25	$300	Gift for spouse

► 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)*
California Correctional Peace Officers Association
ADDRESS *(Business Address Acceptable)*
1121 L Street, Ste. 402, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 19 / 25	$318.13	Golf
___/___/___	$	
___/___/___	$	

► 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: Brian Jones

- **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)*
Republican Legislative Campaign Committee

ADDRESS *(Business Address Acceptable)*
1201 F Street NW, Suite 675

CITY AND STATE
Washington, DC 20004

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

DATE(S): 07 / 20 / 25 - 07 / 22 / 25 *(If gift)* AMT: $ 3776.65

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

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► If Gift, Provide Travel Destination
Colorado

► NAME OF SOURCE *(Not an Acronym)*
American Jewish Committee

ADDRESS *(Business Address Acceptable)*
165 E 56th Street

CITY AND STATE
New York City, NY 10022-2709

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

DATE(S): 08 / 10 / 25 - 08 / 17 / 25 *(If gift)* AMT: $ 7256.09

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

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► If Gift, Provide Travel Destination
Israel

► NAME OF SOURCE *(Not an Acronym)*
Independent Voter Project

ADDRESS *(Business Address Acceptable)*
2 Adams Ave., Ste. 202

CITY AND STATE
San Diego, CA

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

DATE(S): 07 / 27 / 25 - 07 / 31 / 25 *(If gift)* AMT: $ 3511.52

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

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► If Gift, Provide Travel Destination
Mexico

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

ADDRESS *(Business Address Acceptable)*
1530 J Street, Ste. 410

CITY AND STATE
Sacramento, CA 95814

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

DATE(S): 10 / 01 / 25 - 10 / 02 / 25 *(If gift)* AMT: $ 809

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

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► If Gift, Provide Travel Destination
Pala and Fallbrook, CA

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Brian Jones

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

- **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)*
Association of Califronia Life and Health Insurance Companies
ADDRESS *(Business Address Acceptable)*
1201 K Street, Ste. 1820
CITY AND STATE
Sacramento, CA 95814
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance
DATE(S): 10/08/25 - 10/10/25 *(If gift)* AMT: $ 630.00
► MUST CHECK ONE: ☒ Gift **-or-** ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
► If Gift, Provide Travel Destination
La Jolla, CA

► NAME OF SOURCE *(Not an Acronym)*
Independent Voter Project
ADDRESS *(Business Address Acceptable)*
2700 Adams Ave., Ste. 202
CITY AND STATE
San Diego, CA
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Election Reform
DATE(S): 11/16/25 - 11/20/25 *(If gift)* AMT: $ 4731.72
► MUST CHECK ONE: ☒ Gift **-or-** ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
► If Gift, Provide Travel Destination
Maui, HI

► NAME OF SOURCE *(Not an Acronym)*
California Foundation on the Environment and the Economy
ADDRESS *(Business Address Acceptable)*
920 11th Street
CITY AND STATE
Sacramento, CA
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Environment and Business
DATE(S): 10/17/25 - 10/29/25 *(If gift)* AMT: $ 15557.78
► MUST CHECK ONE: ☒ Gift **-or-** ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
► If Gift, Provide Travel Destination
Spain

► NAME OF SOURCE *(Not an Acronym)*
California Independent Petroleum Association
ADDRESS *(Business Address Acceptable)*
1001 K Street, 6th Fl.
CITY AND STATE
Sacramento, CA 95814
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association
DATE(S): 12/17/25 - 12/18/25 *(If gift)* AMT: $ 1698.70
► MUST CHECK ONE: ☒ Gift **-or-** ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
► If Gift, Provide Travel Destination
Newport Beach, CA

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Brian Jones

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

- **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)*
National Retail Federation
ADDRESS *(Business Address Acceptable)*
1101 New York Ave NW. Ste. 1200
CITY AND STATE
Washington, DC
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business
DATE(S): 01/10/25 - 01/13/25 *(If gift)* AMT: $3333.93
► MUST CHECK ONE: ☒ Gift **-or-** ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
► If Gift, Provide Travel Destination
New York, New York

► NAME OF SOURCE *(Not an Acronym)*
Legislative Action Committee
ADDRESS *(Business Address Acceptable)*
1215 K Street, Ste. 1750
CITY AND STATE
Sacramento, CA 95814
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-Profit
DATE(S): 09/25/25 - 09/28/25 *(If gift)* AMT: $2914.64
► MUST CHECK ONE: ☒ Gift **-or-** ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
► If Gift, Provide Travel Destination
Palos Verdes, 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

Comments: