

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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RECEIVED
JAN 19 2023

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) BY: SC
Bristow Joseph

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Winters Cemetery District

Division, Board, Department, District, if applicable Your Position
Board Chairperson

► 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
- Multi-County Yolo and Solano
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual: The period covered is January 1, 2022, through December 31, 2022.
- Leaving Office: Date Left _____ (Check one circle.)
- The period covered is January 1, 2022, through the date of leaving office.
- or- The period covered is _____, through December 31, 2022.
- 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 (required)

► Total number of pages including this cover page: ONE (1)

Schedules attached

- Schedule A-1 - Investments – schedule attached
- Schedule A-2 - Investments – schedule attached
- Schedule B - Real Property – schedule attached
- Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule D - Income – Gifts – schedule attached
- Schedule E - Income – Gifts – Travel Payments – 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
<u>P.O. Box 402</u>		<u>Winters</u>	<u>CA</u>	<u>95694</u>
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
<u>(530) 795-2475</u>				

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 01-19-2023
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
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A PUBLIC DOCUMENT**

Date Initial Filing Received
Official Use Only
RECEIVED
JAN 20 2023
BY: *AC*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Bozarth Timothy

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Winters Cemetery District

Division, Board, Department, District, if applicable Your Position
Board Vice-chair

► 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
- Multi-County **Yolo and Solano**
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual:** The period covered is January 1, 2022, through December 31, 2022.
- or-
- The period covered is _____, through December 31, 2022.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one circle.)
- The period covered is January 1, 2022, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – 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)
P.O. Box 402 Winters CA 95694

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 795-2475

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 Jan 19, 2023
(month, day, year)

Signature *Timothy C. Bozarth*
(File the originally signed paper statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

RECEIVED
Date Recd: _____ Filing Received
Filing Official Use Only
MAR 08 2023
BY: SC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
JUSTUS LARRY W.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
WINTERS CEMETERY DISTRICT

Division, Board, Department, District, if applicable Your Position
BOARD TRUSTEE

► 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
- Multi-County YOLO AND SOLANO
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual:** The period covered is January 1, 2022, through December 31, 2022.
- or-
- The period covered is _____, through December 31, 2022.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one circle.)
- The period covered is January 1, 2022, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
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- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – 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)
P.O. BOX 402 WINTERS CA 95694
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 795-2475

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 Mar 5 2023
(month, day, year)

Signature Larry W. Justus
(File the originally signed paper statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only
RECEIVED
JAN 5 0 2023
BY *DL*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Kilkenny Dennis

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Winters Cemetery District
Division, Board, Department, District, if applicable Your Position
Board Trustee

► 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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
 Multi-County **Yolo and Solano** County of _____
 City of _____ Other _____

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

Annual: The period covered is January 1, 2022, through December 31, 2022.
-or- The period covered is ____/____/____, through December 31, 2022.
 Assuming Office: Date assumed ____/____/____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left ____/____/____ (Check one circle.)
 The period covered is January 1, 2022, through the date of leaving office.
-or-
 The period covered is ____/____/____, through the date of leaving office.

4. 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 CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
P.O. Box 402 Winters CA 95694
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 795-2475

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 1/30/23
(month, day, year)

Signature *Dennis Kilkenny*
(File the originally signed paper statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Official Use Only
RECEIVED
FEB 08 2023
BY: *[Signature]*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hague Viona

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Winters Cemetery District
Division, Board, Department, District, if applicable Your Position
Board Trustee

► 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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County Yolo and Solano County of _____
- City of _____ Other _____

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

- Annual:** The period covered is January 1, 2022, through December 31, 2022.
- Leaving Office:** Date Left _____ (Check one circle.)
- The period covered is January 1, 2022, through the date of leaving office.
- Assuming Office:** Date assumed _____
- Other:** _____
- 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 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)
P.O. Box 402 Winters CA 95694
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 795-2475

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 Feb. 6, 2023
(month, day, year)

Signature Viona Hague
(File the originally signed paper statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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RECEIVED
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MAR 10 2023

BY: SC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Carbahal Sheila L

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Winters Cemetery District

Division, Board, Department, District, if applicable Your Position
Administration District Manager

► 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
- Multi-County Yolo and Solano
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual:** The period covered is January 1, 2022, through December 31, 2022.
- or-
- The period covered is _____, through December 31, 2022.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one circle.)
- The period covered is January 1, 2022, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: 3

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – 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)
P.O. Box 402 Winters CA 95694

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 795-2475 Sheila@winterscemetery.org

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 3/10/2023
(month, day, year)

Signature Sheila Carbahal
(File the originally signed paper statement with your filing official.)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name

Sheila Carbahal

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

1000 Railroad Avenue

CITY

Winters

FAIR MARKET VALUE

- \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

___/___/22 ___/___/22
 ACQUIRED DISPOSED

NATURE OF INTEREST

- Ownership/Deed of Trust Easement
 Leasehold _____ _____
 Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

- None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

315 Peach Place

CITY

Winters

FAIR MARKET VALUE

- \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

___/___/22 ___/___/22
 ACQUIRED DISPOSED

NATURE OF INTEREST

- Ownership/Deed of Trust Easement
 Leasehold _____ _____
 Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

- None

Caitlyn & Cameron Rodriguez

* You are not required to report loans from a commercial lending institution 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

INTEREST RATE

TERM (Months/Years)

_____% None

HIGHEST BALANCE DURING REPORTING PERIOD

- \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% None

HIGHEST BALANCE DURING REPORTING PERIOD

- \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

Comments:

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Sheila Carbakal

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
207 Lenis Avenue

CITY
Winters

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ACQUIRED / / 22 DISPOSED / / 22

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Other _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
Brandi Carrion and Keith Burns

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ACQUIRED / / 22 DISPOSED / / 22

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Other _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from a commercial lending institution 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 _____

INTEREST RATE _____ % None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ % None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
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RECEIVED
NOV 17 2022

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) BY: _____
Velasquez Mark

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Winters Cemetery District
Division, Board, Department, District, if applicable Your Position
General Counsel

► 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
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other Yolo County AND Solano SC

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

- Annual: The period covered is January 1, 2021, through December 31, 2021.
- or-
The period covered is ____/____/____, through December 31, 2021.
- Assuming Office: Date assumed ____/____/____
- Candidate: Date of Election ____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left 10 / 28 / 2022
(Check one circle.)
- The period covered is January 1, 2021, through the date of leaving office.
- or-
 The period covered is 01 / 01 / 2022, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

- Schedule A-1 - Investments – schedule attached
- Schedule A-2 - Investments – schedule attached
- Schedule B - Real Property – schedule attached
- Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule D - Income – Gifts – 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)
500 Capitol Mall, Suite 1700 Sacramento CA 95814
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(916) 325-4000 mark.velasquez@bbklaw.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 10/28/2022 Signature Mark Velasquez
(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
Mark Velasquez

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME <u>Best Best & Krieger LLP</u></p> <p>ADDRESS <i>(Business Address Acceptable)</i> <u>500 Capitol Mall, Suite 1700, Sacramento, CA 95814</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Law Firm</u></p> <p>YOUR BUSINESS POSITION <u>Of Counsel</u></p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only</p> <p><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <i>(For self-employed use Schedule A-2.)</i></p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____ <i>(Describe)</i></p> <p><input type="checkbox"/> Other _____ <i>(Describe)</i></p>	<p>NAME OF SOURCE OF INCOME _____</p> <p>ADDRESS <i>(Business Address Acceptable)</i> _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>YOUR BUSINESS POSITION _____</p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only</p> <p><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <i>(For self-employed use Schedule A-2.)</i></p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____ <i>(Describe)</i></p> <p><input type="checkbox"/> Other _____ <i>(Describe)</i></p>

▶ 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:

<p>NAME OF LENDER* _____</p> <p>ADDRESS <i>(Business Address Acceptable)</i> _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD</p> <p><input type="checkbox"/> \$500 - \$1,000</p> <p><input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE TERM (Months/Years)</p> <p>_____ % <input type="checkbox"/> None _____</p> <p>SECURITY FOR LOAN</p> <p><input type="checkbox"/> None <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____ <i>Street address</i></p> <p>_____ <i>City</i></p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____ <i>(Describe)</i></p>
--	---

Comments: _____