

SBCERS

Santa Barbara County Employees' Retirement System

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Chief Executive Officer

SANTA BARBARA COUNTY EMPLOYEES' RETIREMENT SYSTEM (SBCERS)
2021 GENERAL MEMBER SPECIAL ELECTION:

Nomination Petition Packet & Candidate Filing Guide

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Candidate Qualification Summary for General Member

<p>QUALIFICATIONS</p>	<p>The candidate must be an active member of the General plan or the APCD plan.</p>
<p>HOW ELECTED</p>	<p>The candidate who receives the most votes cast for the office will be the elected Board member.</p>
<p>CANDIDATES STATEMENT OF QUALIFICATIONS</p>	<p>A 200-word statement of qualifications will be printed in the ballot. Please refer to Candidate Statement Section for requirements.</p>
<p>NUMBER OF NOMINATING SIGNATURES</p>	<p>15 nominations of Active members of the General plan or the APCD plan are required. No more than 25 nominations may be submitted. Please refer to Nomination Requirements.</p>
<p>STATEMENT OF ECONOMIC INTEREST</p>	<p>All Board members must file assuming office/initial, annual, leaving office, and candidate FPPC form 700 "STATEMENT OF ECONOMIC INTEREST."</p>

Instructions for Candidate

Nomination Requirements: Nominating Petitions

Nominating petitions will be available online at <https://www.sbcers.org/board-elections/> or from an SBCERS office upon request (please schedule an appointment with the Clerk of the Board at ClerkoftheBoard@sbcers.org to pick up a packet from an SBCERS office). The completed petitions must be returned to an SBCERS office by the filing deadline (see Election Calendar). The offices are located at:

130 Robin Hill Road, Suite 100
Goleta, CA 93117

2236 South Broadway, Suite D
Santa Maria, CA 93454

It is suggested that potential candidates collect the petitions as soon as they are available and return them as soon as possible. This will allow time to verify the nominators and if necessary, allow the candidates to correct any problems. No corrections can be made after the filing deadline.

Nominating petitions must be signed by members eligible to vote for the candidate being nominated. Each signer must legibly print their name, affix their signature (wet or electronic), and date the petition. The candidate may also list nominators' name, email address, and phone number. The Clerk of the Board of Retirement will contact the nominators to confirm their nomination. It is encouraged for the Candidate to gather more than the minimum required nominators should one be unreachable, listed on another ballot, or an ineligible member.

Statement Of Qualifications and Platform

Each candidate may submit a statement of qualifications. Each candidate will have their name, position and employing department listed on the line preceding the candidate statement. The Candidate statement may contain the name, age, occupation of the candidate and a brief description of the candidate's education, qualifications and platform.

The Candidate's statement will be printed in block format and limited to 200 words. Candidate statements must be submitted in the required format and as an electronic document emailed to ClerkoftheBoard@sbcers.org. The Candidate may use capitalization, underline, and bold text for emphasis. The candidate statements may be reformatted to the block format; however, the statement will not be edited for grammar and punctuation.

Candidate statements will be confidential until the day following the close of the nomination period. Candidates may withdraw and resubmit statements until the close of the nomination period. On the day following the close of the nominations the statements may be withdrawn but not revised.

There will be a ten-day examination period following the close of the nomination period. During that period any member qualified to vote for the candidate may file an injunction requiring any or all of the material to be amended or deleted if it is false, misleading, or inconsistent with the requirements for the statement. A statement may not refer to opponents.

Nothing in these rules shall be deemed to make any such statement or the authors thereof free or exempt from any civil or criminal action or penalty because of any false, slanderous, or libelous statements offered for printing or contained in the voter ballot.

Ballot Structure

The candidate's name will be printed on the ballot exactly as it appears on the Ballot Designation Form. Nicknames of candidates are permitted on the ballot. No title or degree will appear on the same line on the ballot as the candidate's name.

The order of candidates will be determined by a randomized alphabet drawing. The resulting random order of letters is used in the same manner as the conventional alphabet in determining the order of candidates.

Intent To Serve

For the General Special Election to be held from December 8, 2021 – January 10, 2022, I hereby certify my willingness to serve on the Board of Retirement, County of Santa Barbara, and declare the following:

- (A) I am a candidate for the office of GENERAL Member for the remaining three–year term ending December 31, 2022; and,
- (B) I am a GENERAL Member of the Retirement System and work for [Name of Agency]

_____.

Also, attached are the following required forms:

- (A) Petition of Nomination and Declaration of Candidacy – contains a minimum of 15 valid nominations; and,
- (B) Candidate Statement – 200 words or less in length; and,
- (C) Ballot Designation Form; and,
- (D) California Form 700 – Statement of Economic Interests.

Name: _____

Signature: _____

Date: _____

Nomination Petition and Declaration of Candidacy

Petition and Ballot Statement Due By: 5:00 pm on Monday, November 1, 2021
Petition and Ballot Statement Due To: SBCERS Clerk of the Board

Version A: Name and Signature

The candidate may submit either Version A or Version B of this form, or both, as long as the total number of nominations is greater than or equal to 15. Electronic signatures are accepted.

Nomination Certificate: General Member of the Board of Retirement

I am a GENERAL Member of the Santa Barbara County Employees Retirement System and am not a sponsor on any other certificate nominating another candidate for the above office.

NAME (Print Clearly)	SIGNATURE (Wet or Electronic)	DATE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
21. _____	_____	_____
22. _____	_____	_____
23. _____	_____	_____
24. _____	_____	_____
25. _____	_____	_____

Nomination Petition and Declaration of Candidacy

Petition and Ballot Statement Due By: 5:00 pm on Monday, November 1, 2021
Petition and Ballot Statement Due To: SBCERS Clerk of the Board

Version B: Name, Email Address, and Phone Number

The candidate may provide the phone number and email if the nominator is unavailable to sign Version A. The candidate may submit either Version A or Version B of this form, or both, as long as the total number of nominations is greater than or equal to 15.

Nomination Certificate: General Member of the Board of Retirement

The following are GENERAL Members of the Santa Barbara County Employees Retirement System and are not listed on any other certificate nominating another candidate for the above office.

NAME (Print Clearly)	EMAIL	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
21. _____	_____	_____
22. _____	_____	_____
23. _____	_____	_____
24. _____	_____	_____
25. _____	_____	_____

Candidate Qualification Statement: Instructions for Preparation

Every person who qualifies for a position on the ballot for the office of Member of the Board of Retirement of the Santa Barbara County Employees' Retirement System (SBCERS) is requested to submit a statement of qualifications (form attached). This statement will be printed at no expense to the candidate, and mailed with the ballot to all eligible voters. This in no way restricts candidates from printing and distributing additional material at their own expense. Guidelines for the type of material appropriate for inclusion in these statements are set forth below.

Statements should be factual and relate only to the candidate and the candidate's qualifications for this office. This might include information on education, work experience, hobbies, family background, membership in organizations, or other similar material. Campaign promises or platforms and adverse comments regarding other persons or organizations are NOT considered appropriate.

The statements must be typewritten, not over 200 words in length, and must be submitted no later than 5:00 p.m., Monday, November 1, 2021. Statements exceeding the maximum length will be cut by whole sentences from the end until they are within 200 words. Because printing time is very short, there will be no opportunity to review proofs and the statements will be printed as submitted. It is therefore recommended that the statements be carefully reviewed to correct errors in grammar, spelling, and content before submitting them to SBCERS.

Should any candidate fail to submit a statement that meets the above criteria, a message will appear indicating that the candidate in question declined to submit a statement of qualifications.

The ballot will contain a disclaimer along with the statements indicating that only the candidates are responsible for their respective statements and that the statement has not been verified for truth or accuracy.

Statement must be submitted to SBCERS Santa Barbara or Santa Maria office.

Candidate Statement and Qualifications Form

General Member of the Board of Retirement
Santa Barbara County Employees Retirement System (SBCERS)

Name of Candidate (Please PRINT)

Department

Telephone Number

A maximum of 200 words is allowed (between the shaded lines). An electronic version must also be submitted to ClerkoftheBoard@sbcers.org. The following will be counted as one word: short or long words; symbols such as "&"; hyphenated words; initials; numbers; dashes unless it is part of a hyphenated word.

Signature

Date Submitted

Ballot Designation Form

Name of Candidate: _____

Office Sought: General Member of the Board of Retirement

Daytime Telephone #: _____ Cell Phone #: _____

Home Address: _____

BALLOT DESIGNATION: _____

Alternative Ballot Designation: _____

Your Job Title: _____

Name of Employer or Business: _____

To the best of my knowledge and belief, the above requested ballot designation(s) represent my true principal profession(s), vocation(s), and/or occupation(s) that I am entitled to use as my ballot designations pursuant to §13107 of the California Elections Code.

Signed this _____ day of _____, 20____, in _____

(City)

Signature _____

For your reference, the relevant provisions are reproduced below:

If the candidate does not submit a Ballot Designation Form, no designation will be printed on the ballot for that candidate. This form shall contain:

A ballot designation that shall include the candidate's name as it is to appear on the ballot, and, at the option of the candidate, one of the following designations to be printed immediately after or below his/her name on the ballot:

- i. No more than three words designating either the current principal professions, vocations, or occupations of the candidate, or the principle professions, vocations, or occupations of the candidate during the calendar year immediately preceding the filing of nomination documents;
- ii. The word "incumbent" or "incumbent alternate" if the candidate is a candidate for the same office which s(he) holds at the time of filing the nomination papers, and was elected to that office by a vote of the members.

The SBCERS CEO shall not accept a ballot designation that violates the restrictions set forth above. If the SBCERS CEO finds the designation in violation, s(he) shall notify the candidate.

2021 Special Election Calendar

Office of General Member of the Board of Retirement

Term beginning January 26, 2022; ending December 31, 2022

Monday, October 4, 2021	<i>Forward notices to all work sites of the election and nominating procedure via Payroll Clerks.</i>
Monday, October 4, 2021	Notices of vacancy are mailed to the home address of each eligible General member.
Monday, October 4, 2021	Nominating petitions will be available at SBCERS Offices upon request at 130 Robin Hill Road, Suite 100, Goleta, CA 93117 or 2236 South Broadway, Suite D, Santa Maria, CA 93454, or on our website www.sbcers.org/board-elections/ , or County Intranet. Office hours are 8:00 a.m. to 5:00 p.m. Members wishing to pick up a nominating petition should call to schedule an appointment in advance. Instructions to candidates regarding Statement of Qualification and the Form will be included in the Nominating Petition packet along with this calendar.
Monday, November 1, 2021	The deadline for filing nominating petitions is Monday, November 1, 2021 at 5:00 p.m. To qualify, a candidate must be nominated by not less than 15 nor more than 25 SBCERS members in the same category, i.e., General. Candidates are invited to submit a statement of their qualifications, not to exceed 200 words in length, to be enclosed with the ballot and voting instructions. These must be filed with SBCERS no later than Monday, November 1, 2021 at 5:00 p.m. Any candidate not submitting a statement before the deadline will be considered to have declined to file a statement.
Monday, November 8, 2021 – Friday November 19, 2021	The candidate statements will be available for review online at www.sbcers.org/board-elections/ and in the SBCERS offices in Santa Barbara and Santa Maria upon request. During that period, any member qualified to vote may seek an injunction requiring any or all of the material to be amended or deleted if it is false, misleading, or inconsistent with the requirements for the statement. Written statements may not refer to opponents. The order of appearance of the candidates' names upon the ballot is determined by Secretary of State of California most recent random alphabet drawing conducted for the state-wide election. If only one member files, no election is held and that person is declared the winner.
Wednesday, December 8, 2021	A ballot containing the names of the candidates, voting instructions, candidate statements and a return envelope will be mailed to the home address of each qualified voting member of SBCERS. No person shall be eligible to vote unless they are a General Member as of October 31, 2021.
Wednesday, December 8, 2021 – Monday, January 10, 2022	Beginning Wednesday, December 8, 2021, ballots may be cast in manners consistent with the voting instructions. Ballots must be received by Monday, January 10, 2022 via USPS, otherwise they will not be considered. Eligible members not receiving ballots may request a ballot from the Clerk of the Board of Retirement.

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

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

► 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 _____ County of _____
- City of _____ Other _____

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

- Annual:** The period covered is January 1, 2020, through December 31, 2020.
-or- The period covered is ____/____/____, through December 31, 2020.
- 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, 2020, through the date of leaving office.
 - or- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► 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)

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
()

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 _____
(month, day, year)

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

SCHEDULE A-1

Investments

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

Investments must be itemized.

Do not attach brokerage or financial statements.

Name

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
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FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

Comments:

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 _____

▶ 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 IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999		____/____/20	____/____/20
<input type="checkbox"/> \$2,000 - \$10,000		ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000			
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 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 IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999		____/____/20	____/____/20
<input type="checkbox"/> \$2,000 - \$10,000		ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000			
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			

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)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

▶ 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 IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000		____/____/20	____/____/20
<input type="checkbox"/> \$10,001 - \$100,000		ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			

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 IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000		____/____/20	____/____/20
<input type="checkbox"/> \$10,001 - \$100,000		ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			

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 B
Interests in Real Property
 (Including Rental Income)

Name _____

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS _____

CITY _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/20 _____/_____/20

\$10,001 - \$100,000 _____/_____/20 _____/_____/20

\$100,001 - \$1,000,000 ACQUIRED DISPOSED

Over \$1,000,000

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 _____

CITY _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/20 _____/_____/20

\$10,001 - \$100,000 _____/_____/20 _____/_____/20

\$100,001 - \$1,000,000 ACQUIRED DISPOSED

Over \$1,000,000

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

* 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 C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 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)

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 _____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

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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

Name _____

- 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)* _____

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 _____

▶ 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: _____