

SCHEDULE D

Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A M E N D M E N T

► 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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____/____/____	\$_____	_____

Comments: _____