

**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.**

<b>▶ NAME OF SOURCE</b> <i>(Not an Acronym)</i>  _____ <small>ADDRESS (Business Address Acceptable)</small>  _____ <small>CITY AND STATE</small>  _____ <small>501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</small>  _____  DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ <small>(If gift)</small>
<b>▶ MUST CHECK ONE:</b> Gift <b>-or-</b> Income  Made a Speech/Participated in a Panel  Other - Provide Description _____ _____  <b>▶ If Gift, Provide Travel Destination</b> _____ _____

<b>▶ NAME OF SOURCE</b> <i>(Not an Acronym)</i>  _____ <small>ADDRESS (Business Address Acceptable)</small>  _____ <small>CITY AND STATE</small>  _____ <small>501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</small>  _____  DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ <small>(If gift)</small>
<b>▶ MUST CHECK ONE:</b> Gift <b>-or-</b> Income  Made a Speech/Participated in a Panel  Other - Provide Description _____ _____  <b>▶ If Gift, Provide Travel Destination</b> _____ _____

<b>▶ NAME OF SOURCE</b> <i>(Not an Acronym)</i>  _____ <small>ADDRESS (Business Address Acceptable)</small>  _____ <small>CITY AND STATE</small>  _____ <small>501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</small>  _____  DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ <small>(If gift)</small>
<b>▶ MUST CHECK ONE:</b> Gift <b>-or-</b> Income  Made a Speech/Participated in a Panel  Other - Provide Description _____ _____  <b>▶ If Gift, Provide Travel Destination</b> _____ _____

**Filer's Verification**

<b>Print Name</b> _____			
<b>Office, Agency or Court</b> _____			
<b>Statement Type</b>	2025/2026 Annual _____ <small>(yr)</small> Annual	Assuming Candidate	Leaving
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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
<b>Date Signed</b> _____ <small>(month, day, year)</small>			
<b>Filer's Signature</b> _____			

**Comments:** \_\_\_\_\_  
\_\_\_\_\_