

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

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

- **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 \_\_\_\_\_

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

► 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 \_\_\_\_\_

**Filer's Verification**

Print Name \_\_\_\_\_

Office, Agency  
or Court \_\_\_\_\_

<b>Statement Type</b>	2025/2026 Annual ____ Annual	Assuming Candidate	Leaving Candidate
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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.**

Date Signed \_\_\_\_\_  
*(month, day, year)*

Filer's Signature \_\_\_\_\_