

Form 700 Filers
Statement of Economic Interests
**Schedule E: Travel Payments, Advances,
and Reimbursements**



PRESENTED BY
EXTERNAL AFFAIRS AND EDUCATION DIVISION
FAIR POLITICAL PRACTICES COMMISSION

Finding the Form 700

Go to...

www.fppc.ca.gov >

File a Form 700

Statement of Economic Interests



Form 700

A Public Document

Also available on the FPPC website:

- ***Form 700 in Excel format***
- *Reference Pamphlet for Form 700*

California Fair Political Practices Commission
Email Advice: advice@fppc.ca.gov
Toll-free advice line: 1 (866) ASK-FPPC • 1 (866) 275-3772
Telephone: (916)322-5660 • Website: www.fppc.ca.gov

Schedule E

Travel Payments Overview

- Travel payments include payments for transportation, lodging, meals, and other travel related expenses.
- Some travel payments are gifts, while others are income.
- Some travel payments are subject to the annual gift limit while others are not. The annual gift limit for 2017-18 is \$470 from a single source.
- Assuming office statements cover travel payments received in the last 12 months.
- Annual statements cover travel payments received in the last calendar year.
- Leaving office statements cover travel payments received since the last annual statement.
- Send your travel questions to: advice@fppc.ca.gov.

Use Schedule E...

- if the travel payment was a reportable gift whose fair market value is \$50 or more, or
- if the travel payment was reportable income of \$500 or more, and
- if the travel payment was from a reportable source per your conflict of interest code, and
- if the source of the payment does business in your jurisdiction.

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name PAT CLARK

- 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. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
ELION HEALTHCARE SERVICES
ADDRESS (Business Address Acceptable)
2330 PADRE MISSION WAY
CITY AND STATE
SAN DIEGO, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical cost containment

DATE(S): **10 / 1 / XX - 10 / 3 / XX** AMT: \$ **360.00**
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description **hotel, gas and parking for conference**

▶ If Gift, Provide Travel Destination **San Francisco, CA**

▶ NAME OF SOURCE (Not an Acronym)
SoCal REAL ESTATE BOARD
ADDRESS (Business Address Acceptable)
99178 LEHOLLYWOOD BLVD.
CITY AND STATE
LOS ANGELES, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Association of real estate brokers and agents

DATE(S): _____ AMT: \$ **620.00**
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description **Reimbursement for travel to board meeting**

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
APGAR HEALTH PROVIDER
ADDRESS (Business Address Acceptable)
324 BROAD CANAL STREET
CITY AND STATE
NEW YORK, NY

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Managed care consortium

DATE(S): **4 / 16 / XX - 4 / 17 / XX** AMT: \$ **900.00**
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination **New York, NY**

▶ NAME OF SOURCE (Not an Acronym)
Western States Health Foundation
ADDRESS (Business Address Acceptable)
1102 Vabanque Circle
CITY AND STATE
Las Vegas, NV

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): **3 / 23 / XX - 3 / 24 / XX** AMT: \$ **525.00**
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination **Las Vegas for Foundation's annual conference**

Comments: _____

Clear Page

Print

Schedule E

Reportable Interests

Travel payments as well as advances and reimbursements to pay for...

- Transportation
- Lodging
- Meals
- Parking
- Other expenses related to travel

Schedule E

Non-Reportable Interests

- Payments from government agencies if you provided services of equal or greater value than the payment
- Payments from government agencies when the purpose of travel is for education or training
- Payments from 501(c)(3) organizations if you provided services of equal or greater value than the payment
- Certain payments reported by your agency using FPPC Form 801

Completing Schedule E

- Disclose the name and address of the source of the payment, including city and state.
- Check the box to indicate that the source is a 501(c)(3) organization, if applicable.
- Provide a brief description of the source if applicable.

▶ NAME OF SOURCE *(Not an Acronym)*
ELION HEALTHCARE SERVICES

ADDRESS *(Business Address Acceptable)*
2330 PADRE MISSION WAY

CITY AND STATE
SAN DIEGO, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical cost containment

DATE(S): **10 / 1 / XX - 10 / 3 / XX** AMT: \$ **360.00**
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description **hotel, gas and parking for conference**

▶ If Gift, Provide Travel Destination **San Francisco, CA**

Completing Schedule E

GIFT

Travel Payment

- If the travel payment was a gift, indicate the dates of travel.
- Report the amount of the travel payment.
- Check the box to indicate that the payment was a gift.
- Check the “Speech” or “Other” circle. If checking “Other,” disclose the travel purpose and a brief description of the gift.
- Disclose the travel destination.

▶ NAME OF SOURCE *(Not an Acronym)*

ELION HEALTHCARE SERVICES

ADDRESS *(Business Address Acceptable)*

2330 PADRE MISSION WAY

CITY AND STATE

SAN DIEGO, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

Medical cost containment

DATE(S): **10 / 1 / XX - 10 / 3 / XX** AMT: \$ **360.00**
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description **hotel, gas and parking
for conference**

▶ If Gift, Provide Travel Destination **San Francisco, CA**

Completing Schedule E

INCOME

Travel Payment

- Report the amount of the travel payment.
- Check the box to indicate that the payment was income.
- Check the appropriate circle to indicate the reason for travel.
- If the travel was not for a speech, note the reason for travel.

▶ NAME OF SOURCE *(Not an Acronym)*

SoCAL REAL ESTATE BOARD

ADDRESS *(Business Address Acceptable)*

99178 LEHOLLYWOOD BLVD.

CITY AND STATE

LOS ANGELES, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

Association of real estate brokers and agents

DATE(S): ____/____/____ - ____/____/____ AMT: \$ **620.00**
(if gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description **Reimbursement for
travel to board meeting**

▶ If Gift, Provide Travel Destination _____

Schedule E Comparing A Conference and A Speech

<p>▶ NAME OF SOURCE <i>(Not an Acronym)</i> ELION HEALTHCARE SERVICES</p> <p>ADDRESS <i>(Business Address Acceptable)</i> 2330 PADRE MISSION WAY</p> <p>CITY AND STATE SAN DIEGO, CA</p> <p><input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Medical cost containment</p> <p>DATE(S): 10 / 1 / XX - 10 / 3 / XX AMT: \$ 360.00 <i>(If gift)</i></p> <p>▶ MUST CHECK ONE: <input checked="" type="checkbox"/> Gift -or- <input type="checkbox"/> Income</p> <p><input type="radio"/> Made a Speech/Participated in a Panel</p> <p><input checked="" type="radio"/> Other - Provide Description hotel, gas and parking for conference</p> <p>▶ If Gift, Provide Travel Destination San Francisco, CA</p>	<p>▶ NAME OF SOURCE <i>(Not an Acronym)</i> APGAR HEALTH PROVIDER</p> <p>ADDRESS <i>(Business Address Acceptable)</i> 324 BROAD CANAL STREET</p> <p>CITY AND STATE NEW YORK, NY</p> <p><input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Managed care consortium</p> <p>DATE(S): 4 / 16 / XX - 4 / 17 / XX AMT: \$ 900.00* <i>(If gift)</i></p> <p>▶ MUST CHECK ONE: <input checked="" type="checkbox"/> Gift -or- <input type="checkbox"/> Income</p> <p><input checked="" type="radio"/> Made a Speech/Participated in a Panel</p> <p><input type="radio"/> Other - Provide Description _____</p> <p>▶ If Gift, Provide Travel Destination New York, NY</p>
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* See Government Code Section 89506 for more information.

Schedule E

A Speech for a 501(c)(3)

▶ NAME OF SOURCE *(Not an Acronym)*

Western States Health Foundation

ADDRESS *(Business Address Acceptable)*

1102 Vabanque Circle

CITY AND STATE

Las Vegas, NV

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): **3 / 23 / XX** - **3 / 24 / XX** AMT: \$ **525.00**
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination **Las Vegas for
Foundation's annual conference**

Schedule E

Travel to a Board Meeting

▶ NAME OF SOURCE *(Not an Acronym)*

SoCAL REAL ESTATE BOARD

ADDRESS *(Business Address Acceptable)*

99178 LEHOLLYWOOD BLVD.

CITY AND STATE

LOS ANGELES, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

Association of real estate brokers and agents

DATE(S): ____/____/____ - ____/____/____ AMT: \$ **620.00**
(if gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description **Reimbursement for
travel to board meeting**

▶ If Gift, Provide Travel Destination _____

Schedule E

Payment from a Foreign Government

▶ NAME OF SOURCE *(Not an Acronym)*
People's Transportation Council of China

ADDRESS *(Business Address Acceptable)*
No. 341 Happy Valley Avenue

CITY AND STATE
Beijing, China

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Chinese gov't.-urban planning agency

DATE(S): **1 / 15 / XX** - **1 / 23 / XX** AMT: \$ **2910.00**
(if gift)

MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description **Discussed climate change/
transpt'n w/Beijing planners; air, hotel, food**

If Gift, Provide Travel Destination **Beijing, China**

Amending Schedule E

- File amendments as soon as error or omission is discovered.
- Complete only the schedule with error(s).
- Amended schedule is retained with entire, original statement.

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. These payments are not subject to the gift limit, but 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 _____

Filer's Verification

Print Name _____

Office, Agency or Court _____

Statement Type 2016/2017 Annual Assuming Leaving
 _____ Annual Candidate
(yr)

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 _____

Questions

- Call 916-322-5660 or 866-275-3772 (866-ASK-FPPC)
 - Monday - Thursday, 9–11:30 a.m.
- E-mail advice@fppc.ca.gov

E-Filing Problems

- Your agency's system: Contact your filing officer
- FPPC's system: E-mail form700@fppc.ca.gov

Other Form 700 Filer Videos

Completing Form 700: Need to Know

Cover Page

Schedule A-1: Investments (Less than 10% Ownership Interest)

Schedule A-2: Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

Schedule B: Interests in Real Property

Schedule C: Income, Loans & Business Positions

Schedule D: Income – Gifts