CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Filed Date: 05/30/2024 08:01 PM
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST): Meltzer
(FIRST): Carolyn
(MIDDLE):

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California Institute of Regenerative Medicine

Division, Board, Department, District, if applicable:

Your Position: ICOC Board Member

► 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)*

- [x] State
- [ ] Multi-County _____
- [ ] City of _____
- [ ] Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- [ ] County of _____
- [ ] Other _____

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

- [ ] **Annual:** The period covered is January 1, 2023, through December 31, 2023.
  -or-
  The period covered is ____/____/_____, through December 31, 2023.
- [x] **Assuming Office:** Date assumed 05 / 28 / 2024
- [ ] **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, 2023, through the date of leaving office.
  -or-
  ○ The period covered is ____/____/_____, through the date of leaving office.

4. Schedule Summary (required)

► ***Total number of pages including this cover page:*** 7

Schedules attached

- [x] **Schedule A-1 -** *Investments* – schedule attached
- [x] **Schedule A-2 -** *Investments* – schedule attached
- [ ] **Schedule B -** *Real Property* – schedule attached
- [x] **Schedule C -** *Income, Loans, & Business Positions* – schedule attached
- [ ] **Schedule D -** *Income – Gifts* – schedule attached
- [ ] **Schedule E -** *Income – Gifts – Travel Payments* – schedule attached

-or- [ ] ***None*** **-** *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS *(Business or Agency Address Recommended - Public Document)*
STREET: P.O. Box 980790
CITY: West Sacramento
STATE: CA
ZIP CODE: 95798-0790

DAYTIME TELEPHONE NUMBER: (510) 340-9114
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 05/30/2024 08:01 PM
(month, day, year)

Signature Carolyn Meltzer
(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.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Carolyn Meltzer

► NAME OF BUSINESS ENTITY: Apple Inc.

GENERAL DESCRIPTION OF THIS BUSINESS: computers, phones, technology

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ◯ Income Received of $0 - $499
  - ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

____/____/____ ACQUIRED ____/____/____ DISPOSED

► NAME OF BUSINESS ENTITY: Delta Airlines

GENERAL DESCRIPTION OF THIS BUSINESS: airline carrier

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ◯ Income Received of $0 - $499
  - ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

____/____/____ ACQUIRED ____/____/____ DISPOSED

► NAME OF BUSINESS ENTITY: Blackstone Inc

GENERAL DESCRIPTION OF THIS BUSINESS: Asset management firm

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ◯ Income Received of $0 - $499
  - ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

____/____/____ ACQUIRED ____/____/____ DISPOSED

► NAME OF BUSINESS ENTITY: Amazon

GENERAL DESCRIPTION OF THIS BUSINESS: delivery marketplace

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ◯ Income Received of $0 - $499
  - ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

____/____/____ ACQUIRED ____/____/____ DISPOSED

► NAME OF BUSINESS ENTITY: Home Depot Inc

GENERAL DESCRIPTION OF THIS BUSINESS: home hardware

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ◯ Income Received of $0 - $499
  - ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

____/____/____ ACQUIRED ____/____/____ DISPOSED

► NAME OF BUSINESS ENTITY: Schwab Charles Corp

GENERAL DESCRIPTION OF THIS BUSINESS: financial firm

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ◯ Income Received of $0 - $499
  - ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

____/____/____ ACQUIRED ____/____/____ DISPOSED

Comments: _____

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.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Carolyn Meltzer

► NAME OF BUSINESS ENTITY: Crowdstrike

GENERAL DESCRIPTION OF THIS BUSINESS: cybersecurity

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☒ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ◯ Income Received of $0 - $499
  - ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

____/____/____ ACQUIRED ____/____/____ DISPOSED

► NAME OF BUSINESS ENTITY: Nvida

GENERAL DESCRIPTION OF THIS BUSINESS: gaming, AI, technology, robotics

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☒ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ◯ Income Received of $0 - $499
  - ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

____/____/____ ACQUIRED ____/____/____ DISPOSED

► NAME OF BUSINESS ENTITY: Mercadolibre

GENERAL DESCRIPTION OF THIS BUSINESS: finances

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☒ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ◯ Income Received of $0 - $499
  - ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

____/____/____ ACQUIRED ____/____/____ DISPOSED

► NAME OF BUSINESS ENTITY: AT&T

GENERAL DESCRIPTION OF THIS BUSINESS: telecommunications

FAIR MARKET VALUE
- ☒ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☒ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ◯ Income Received of $0 - $499
  - ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

____/____/____ ACQUIRED ____/____/____ DISPOSED

► NAME OF BUSINESS ENTITY: Meta Platforms

GENERAL DESCRIPTION OF THIS BUSINESS: technology company

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☒ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☒ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ◯ Income Received of $0 - $499
  - ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

____/____/____ ACQUIRED ____/____/____ DISPOSED

► NAME OF BUSINESS ENTITY: Uber

GENERAL DESCRIPTION OF THIS BUSINESS: transportation

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☒ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☒ Stock
- ☐ Other _____ (Describe)
- ☐ Partnership
  - ◯ Income Received of $0 - $499
  - ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

____/____/____ ACQUIRED ____/____/____ DISPOSED

Comments: _____

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.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Carolyn Meltzer

► NAME OF BUSINESS ENTITY
United Parcel Service

GENERAL DESCRIPTION OF THIS BUSINESS
delivery service

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ◯ Income Received of $0 - $499
  - ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
____/____/____ ACQUIRED
____/____/____ DISPOSED

► NAME OF BUSINESS ENTITY
United Rentals

GENERAL DESCRIPTION OF THIS BUSINESS
equipment rental

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ◯ Income Received of $0 - $499
  - ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
____/____/____ ACQUIRED
____/____/____ DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ◯ Income Received of $0 - $499
  - ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
____/____/____ ACQUIRED
____/____/____ DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ◯ Income Received of $0 - $499
  - ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
____/____/____ ACQUIRED
____/____/____ DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ◯ Income Received of $0 - $499
  - ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
____/____/____ ACQUIRED
____/____/____ DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ◯ Income Received of $0 - $499
  - ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
____/____/____ ACQUIRED
____/____/____ DISPOSED

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: Carolyn Meltzer

▶ 1. BUSINESS ENTITY OR TRUST

Name: Kenneth Meltzer (self employed)

Address *(Business Address Acceptable)*: 5228 Loleta Ave, Los Angeles, CA 90041

Check one
☐ Trust, *go to 2* ☒ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS: independent consultant

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☒ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
____/____/____ ACQUIRED
____/____/____ DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☒ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION: spouse - sole proprieter

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

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

▶ 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

▶ 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
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
____/____/____ ACQUIRED
____/____/____ DISPOSED

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

---

▶ 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
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
____/____/____ ACQUIRED
____/____/____ DISPOSED

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)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

▶ 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

▶ 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
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
____/____/____ ACQUIRED
____/____/____ DISPOSED

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 C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Carolyn Meltzer

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
University of Southern California

ADDRESS *(Business Address Acceptable)*
1975 Zonal Ave, Los Angeles CA 90089

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
Dean, Keck School of Medicine of USC

GROSS INCOME RECEIVED
- [ ] No Income - Business Position Only
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [x] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [x] 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)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Vanderbilt University Medical Center

ADDRESS *(Business Address Acceptable)*
60 Athletes Way suite 200, Mt Juliet TN 27122

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
consultant speaker

GROSS INCOME RECEIVED
- [ ] No Income - Business Position Only
- [x] $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)*

- [x] Other Honorarium for invited speakership *(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*
University of Southern California

ADDRESS *(Business Address Acceptable)*
USC Housing Office, 620 McCarthy Way, Los Angeles, CA 90089

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [x] OVER $100,000

INTEREST RATE
2 %
- [ ] None

TERM (Months/Years)
15 years

SECURITY FOR LOAN
- [ ] None
- [x] Personal residence
- [ ] Real Property _____ *Street address*

_____ *City*

- [ ] Guarantor _____
- [ ] Other _____ *(Describe)*

Comments: As per employment agreement: housing support in the form of 750,000 down payment subsidy loan forgivable loan and $1M 2% nonforgiveable loan amortized over 30 years with 15yr maturity

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Carolyn Meltzer

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Radiological Society of North America

ADDRESS *(Business Address Acceptable)*
820 Jorie Blvd Suite 200, Oak Brook, IL 60523

BUSINESS ACTIVITY, IF ANY, OF SOURCE
non-profit professional society

YOUR BUSINESS POSITION
Member, Board of Directors

GROSS INCOME RECEIVED
- [ ] No Income - Business Position Only
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $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)*

- [x] Other non employee compensation for spouse travel *(Describe)*

▶ 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)*

▶ 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
_____% [ ] None

TERM (Months/Years)

SECURITY FOR LOAN
- [ ] None
- [ ] Personal residence
- [ ] Real Property _____ *Street address*
  _____ *City*
- [ ] Guarantor _____
- [ ] Other _____ *(Describe)*

Comments: