STATE OF CALIFORNIA

DEPARTMENT OF BUSINESS OVERSIGHT



# PERSONAL FINANCIAL STATEMENT FOR THE CONFIDENTIAL USE OF THE COMMISSIONER OF BUSINESS OVERSIGHT, STATE OF CALIFORNIA

Name \_\_\_\_\_

Address \_\_\_\_\_

Business or Occupation

## TO THE COMMISSIONER OF BUSINESS OV ERSIGHT, STATE OF CALIFORNIA, SAN FRANCISCO, CALIFORNIA 94105-2219.

CONDITION ON \_\_\_\_\_ 20\_\_\_\_

| ASSETS  | DOLLARS | CENTS | LIABILITIES  | DOLLARS | CENTS |
|---|---------|-------|--|---------|-------|
| CASH ON HAND  |         |       | NOTES PAYABLE TO BANKS-UNSECURED                                       |         |       |
| CASH IN BANK  |         |       |  |         |       |
| NOTES RECEIVABLE-SECURED BY MORTGAGE  |         |       |  |         |       |
| NOTES RECEIVABLE-otherwise secured  |         |       | NOTES PAYABLE-OTHER THAN TO BANKS-UNSECURED                            |         |       |
| NOTES RECEIVABLE-unsecured  |         |       | NOTES PAYABLE WITH SECURITY<br>OTHER THAN REAL ESTATE (ITEMIZE PAGE 2) |         |       |
| ACCOUNTS RECEIVABLE-NOT DUE   |         |       | ACCOUNTS PAYABLE   |         |       |
| ACCOUNTS RECEIVABLE-PAST DUE  |         |       | LOANS ON LIFE INSURANCE  |         |       |
| U. S. GOVT. OBLIGATIONS   |         |       | TAXES  |         |       |
| STOCKS, BONDS, AND OTHER INVESTMENTS  |         |       | MORTGAGES OR LIENS ON REAL ESTATE (ITEMIZE BELOW)                      |         |       |
| (INCLUDE FUNDS IN BUILDING OR SAVINGS AND LOAN COMPANIES)<br>(ITEMIZE PAGE 2) |         |       | ANY OTHER INDEBTEDNESS-DUE WITHIN ONE YEAR                             |         |       |
| CASH VALUE-LIFE INSURANCE   |         |       |  |         |       |
| REAL ESTATE (ITEMIZE BELOW)   |         |       | ANY OTHER INDEBTEDNESS-DUE BEYOND ONE YEAR                             |         |       |
| ANY OTHER ASSETS-ITEMIZE  |         |       |  |         |       |
|   |         |       |  |         |       |
|   |         |       |  |         |       |
|   |         |       |  |         |       |
|   |         |       |  |         |       |
|   |         |       | TOTAL LIABILITIES  |         |       |
|   |         |       | NET WORTH  |         |       |
| TOTAL   |         |       | TOTAL  |         |       |

### SCHEDULE OF REAL ESTATE OWNED

| DESCRIPTION AND LOCATION                                       | TITLE IN WHOSE NAME | IMPROVED OR<br>UNIMPROVED | APPRAISED<br>VALUE | MORTGAGES | TAX VA | LUE | INSURANCE |
|--|---------------------|---------------------------|--------------------|-----------|--------|-----|-----------|
|  |                     |                           |                    |           |        |     |           |
|  |                     |                           |                    |           |        |     |           |
|  |                     |                           |                    |           |        |     |           |
|  |                     |                           |                    |           |        |     |           |
|  |                     |                           |                    |           |        |     |           |
| CONTINGENT   | DOLL                | ARS                       | CENTS              |           |        |     |           |
| UPON NOTES OR ACCOUNTS RECEIVABLE DISCOUNTED SOLD, OR ASSIGNED |                     |                           |                    |           |        |     |           |
| AS GUARANTOR FOR OTHERS ON NOTES, BONDS, CONTRACTS, ETC.       |                     |                           |                    |           |        |     |           |
| ANY OTHER CONTINGENT LIABILITY-ITEMIZE                         |                     |                           |                    |           |        |     |           |
| TOTAL CONTINGENT LIABILITIES                                   |                     |                           |                    |           |        |     |           |

#### STOCKS, BONDS, AND OTHER INVESTMENTS

| DESCRIPTION  |         | AMOUNT        |       | DESCRIPTION          |      |          |         |         |       | AMOU        |
|--|---------|---------------|-------|----------------------|------|----------|---------|---------|-------|-------------|
|  |         |               |       |                      |      |          |         |         |       |             |
|  |         |               |       |                      |      |          |         |         |       |             |
|  |         |               |       |                      |      |          |         |         |       |             |
| SCHEDULE OF LIA  | BILIT   | TIES SECUR    | RED   | BY ASSETS OTHI       | ER T | 'HAN F   | REAL    | ESTA    | TE    |             |
| NAME OF CREDITOR   | A       | MOUNT         | TY    | PE OF OBLIGATION     | DI   | ESCRIPTI | ON OF S | SECURIT | TY AM | OUNT OF SEC |
|  | \$      |               |       |                      |      |          |         |         | \$    |             |
|  | Ψ       |               |       |                      |      |          |         |         | Ŷ     |             |
|  |         |               |       |                      |      |          |         |         |       |             |
|  |         |               |       |                      |      |          |         |         |       |             |
|  |         |               |       |                      |      |          |         |         |       |             |
| STATEMENT OF NET WORTH AND INC   | OME     |               | JCEC  |                      |      |          |         |         | EII I | L IN DATES  |
| FOR THE PERIOD BEGINNING   |         |               |       |                      |      |          |         |         | 20    |             |
|  |         |               |       |                      |      |          |         |         |       |             |
| NET WORTH AT CLOSE OF PREVIOUS YEAR  |         |               |       |                      |      |          |         | \$      |       |             |
| ADD INCOME FOR PERIOD AS ABOVE FROM FOL  |         |               |       | ¢                    |      | 1        |         |         |       |             |
| SALARIES, WAGES, COMMISSIONS, FEES, E<br>INCOME (OR LOSS) FROM BUSINESS OR PRO |         |               |       |                      |      |          |         |         |       |             |
| INCOME (OR LOSS) FROM BUSINESS OR PRO  |         |               |       |                      |      |          |         |         |       |             |
| RENTS AND ROYALTIES  |         |               |       |                      |      |          |         |         |       |             |
|  |         |               |       |                      |      |          |         |         |       |             |
| PROFIT (OR LOSS) ON INVESTMENTS  |         |               |       |                      |      |          | _       |         |       |             |
| INCOME FROM INVESTMENTS  |         |               |       |                      |      |          |         |         |       |             |
| OTHER INCOME-ITEMIZE   |         |               |       | L                    |      |          |         |         |       |             |
| TOTAL INCOL  | VIE FOR | CFERIOD       |       | TOTAL                |      |          |         | \$      |       |             |
| DEDUCT_EXPENSES PAID   |         |               |       |                      |      |          |         | ψ       |       |             |
| DEDUCT–EXPENSES PAID<br>TAXES PAID–FEDERAL INCOME \$ OTHER \$                  |         |               |       |                      |      |          |         |         |       |             |
|  |         |               |       |                      |      |          |         |         |       |             |
| INTEREST PAID OTHER DEDUCTIONS-ITEMIZE   |         |               |       |                      |      |          |         |         |       |             |
| TOTAL DEDUCTIONS FOR PERIOD  |         |               |       |                      |      |          |         |         |       |             |
| NET WORTH AT CLOSE OF PERIOD (MUST AGREE                                       |         |               |       |                      |      |          |         | \$      |       |             |
| A  | LL (    | UESTION       | S SH  | IOULD BE ANSW        | /ER] | ED       |         |         |       |             |
| LIST ASSETS, PLEDGED OR HYPOTHECATED   | OTHER   | R THAN AS STA | TED A | BOVE                 |      |          |         |         |       |             |
| ARE THERE ANY JUDGMENTS UNSATISFIED OR SUITS PENDING AGAINST YOU? AMOUNT \$    |         |               |       |                      |      |          |         |         |       |             |
| LIFE INSURANCE CARRIED \$  |         |               |       | CASH VALUE \$        |      |          |         |         |       |             |
| NAME OF BENEFICIARY  |         |               |       |                      |      |          |         |         |       |             |
| STATE MAXIMUM AMOUNT BORROWED FRO  | OM ALL  | SOURCES AT    | ANY C | ONE TIME DURING YEAR | ι    |          |         |         |       |             |
| \$ I   | DATE _  |               |       |                      |      |          |         |         |       |             |
| STATE MINIMUM AMOUNT BORROWED FRO  | -       |               |       |                      |      |          |         |         |       |             |
| \$ D   | DATE    |               |       |                      |      |          |         |         |       |             |
|  |         |               |       |                      |      |          |         |         |       |             |

The undersigned hereby certifies that the foregoing statement has be en carefully read by the undersigned, that it is a true and correct statement of the undersigned's financial condition. This statement may be retained by the Commissioner of Business Oversight State of California, for confidential official use.

| The foregoing is a statement of my financial condition on, 20 |  |
|---|--|
|---|--|

| Date signed | Sign here |  |
|-------------|-----------|--|
|             |           |  |

## Notice to Individuals - Use of Information

The Commissioner of Business Oversight (the "Commissioner") is authorized by the Financial Code to gather and maintain the information requested in the form you have accessed. If the form is submitted in connection with any application or other matter before the Commissioner, the requested information is deemed necessary to process that application or other matter pursuant to the Financial Code. If the requested information is not accurately and completely provided, the application may be denied, or the other matter may be resolved against your interests.

If the form requests you to provide your social security account number, please be advised that providing your social security account number is voluntary. Your social security account number will be used as an identifier, and may be used to verify information provided to the Department

of Business Oversight (the "Department"). Failure to provide your social security number may require the Department to use other methods to verify information, which may cause delays in processing this information and any related application or other matter. If the information you have provided to the Department cannot be verified, the Department may reject your filing and deny any related application or cause any other matter to be resolved against your interests. In addition, the Commissioner may request additional information or clarification of submitted information.

You may be required to provide your fingerprints in conjunction with submitting your personal information. If your fingerprints are required, the Department will provide you with the necessary instructions and, if applicable, the forms upon which your fingerprints may be submitted.

In processing the information you provide, the Department may cause a consumer credit report to be prepared in accordance with the provisions of Title 1.6, Part 4, Division Third of the Civil Code (commencing at Section 1785.1), or an investigative consumer report to be prepared in accordance with the provisions of Title 1.6A, Part 4, Division Third of the Civil Code (commencing at Section 1786), or the respective successor statutes.

The information you provide the Department will be held in confidence as required by the Information Practices Act (Civil Code Section 1798, et seq.). The Information Practices Act provides that the Department may share the information you provide with the Department of Insurance, other federal and state financial institution regulators, law enforcement agencies, or any other governmental entity if the disclosure is required under state or federal law. In addition, the Department may share the information you provide with any such agency if the disclosure assists the agency in discharging its duties.

Each individual has the right to review information maintained by the Department regarding him or herself, unless access to some or all of the information is exempt from disclosure by law. The official responsible for maintaining information gathered by the Department is as follows:

For all matters relating to credit unions;

Deputy Commissioner of Financial Institutions for the Division of Credit Unions, Division of Business Oversight, 300 South Spring Street, Suite 15513, Los Angeles, California 90013-1204.

For all matters relating to money transmitters;

Deputy Commissioner of Financial Institutions for the Division of Money Transmitters, Division of Business Oversight, 45 Fremont Street, Suite 1700, San Francisco, CA 94105-2219

For all other matters;

Chief State Examiner, Division of Financial Institutions, 1810 13th Street, Sacramento, California 95811.