

**HIV Health Services Planning Council
Sacramento TGA**

Policy and Procedure Manual

Section 12 - Forms

SECTION	SECTION / POLICY TITLE	CURRENT VERSION	PREVIOUS REVISIONS
12	FORMS		
	Information Request Form	2/22/10	
	FY13 Travel Reimbursement Form	3/2013	7/2011, 1/2011
	FY13 Mileage Reimbursement Form	3/2013	Annual
	FY13 Membership Declaration Form	3/19/12	05/25/05
	Membership Application	2013	Annual
	Form 700	2012-13	Annual

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HIV Health Services Planning Council
Information Request Form

To: HIV Health Services Planning Council
Sacramento TGA – Fiscal Agent
DHHS Ryan White CARE Program
7001-A East Parkway, Suite 600B
Sacramento, CA 95823

Information Requested by (please fill in your name and contact information, and check where you would like to receive the response):

Your Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

E-mail: _____ Other: _____

The information I am requesting is:

Proposed use of information:

Date information needed:

I am requesting this on behalf of the:

- HIV Health Services Planning Council
- A Planning Council Committee (please specify):
- Myself (takes low priority, may require additional time)

Signed:

Date:

Date submitted: _____	Submitted to: _____
Date received: _____	Received by: _____
Disposition of request: _____	
Date of response: _____	Response by: _____

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Please type or print in blue or black ink

COUNTY OF SACRAMENTO
DEPARTMENT OF HEALTH & HUMAN SERVICES
TRAVEL REQUEST/SUMMARY OF ESTIMATED EXPENSES

Employee Information Section

1. Name of Traveler	0	3. Division	0
2. Position Title	0	4. Work Phone No.	0

Trip Information Section

5. Purpose of Trip	0			6. Destination	0
7. Mode of Travel	Air (Y/N) 0	Co. Car (Y/N) 0	Rental Car (Y/N) 0	Other (explain)	0
8. Private Vehicle (Y/N)	0	Approximate Mileage	0.0	9. Planned Departure Date	1/0/1900
		Current Mileage Rate	0.555	10. Planned Departure Time	12:00 AM
				11. Planned Return Date	1/0/1900
				12. Planned Return Time	12:00 AM

Travel Coordinator Section

13. Travel Coordinator	HHS-TRAVEL DESK TEAM	14. Phone No.	875-1877	15. Travel Request No.	0
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Estimated Expenses Section

16. Transportation

Private Mileage	0.00
Airfare	0.00
Car Rental	0.00
Other	0.00
Total Transportation	0.00

17. Meals & Lodging

Number of Breakfasts	0	x	12.00	=	0.00
Number of Lunches	0	x	18.00	=	0.00
Number of Dinners	0	x	36.00	=	0.00
Number of Nights Lodging	0				
Lodging Cost per Night	0.00				
Total Meals	0.00				
Total Lodging	0.00				

18. Other Expenses

Incidentals*	0.00
Registration	0.00
Total Other Expenses	0.00

*Incidental costs are limited to trips of 5 days or more and \$5.00/day.

19. Total Estimated Expenses \$0.00

Accounting Section

20. GL Account	20203100	21. Cost Center	0	22. Order	0	23. WBS Element	0	24. Task	0	25. Facility	0
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I have read the County travel policy and understand that I cannot claim more than actual and necessary expenses. If I travel by private vehicle, I hereby certify that I possess a valid California driver's license and that I have sufficient public liability and property damage insurance at least equal to the requirements of the financial responsibility laws of the State of California (Vehicle Code Section 16430). I also understand that I must submit my claim for reimbursement along with necessary receipts within five (5) days of my return. I also understand that any advance I receive is not transferable to another County employee. Should I fail to complete the proposed travel, I must return the County warrant or a personal check payable to Sacramento County to the Department of Finance.

26. Employee Signature	27. Date	28. Department Head	29. By (Signature of Deputy)	30. Date
		SHERRI Z. HELLER, Ed.D		

THIS FORM IS FOR INTERNAL USE ONLY. DO NOT FORWARD THIS FORM TO DOCUMENT VERIFICATION. MAINTAIN ORIGINAL IN DEPARTMENT FILES

DEPARTMENT INFORMATION

1	Name of Department or Agency (Long Form)	DEPARTMENT OF HEALTH & HUMAN SERVICES
2	Name of Department or Agency (Short Form)**	HEALTH AND HUMAN SERVICES
3	Department Head	SHERRI Z. HELLER, Ed.D
4	Name of Travel Coordinator	HHS-TRAVEL DESK TEAM
5	Phone Number of Travel Coordinator	875-1877
6	Mail Code of Travel Coordinator	37-1100F

Type entries in ALL CAPITAL LETTERS.

** Limit "short form" entry to 25 characters.

TRAVELER INFORMATION		
1	Vendor/Pers Number	
2	Name	
3	Title	
4	Division	
5	WorkPhone	
6	Street Address	
7	City, State	
8	Zipcode	
9	New Addr? (Yes/No)	NO
REQUIRED ACCOUNTING INFORMATION		
10	Trip Number	
11	GL Account	20203100
12	Cost Center	
13	Order	
14	WBS Element	
15	Task	
16	Facility	

Type entries in ALL CAPITAL LETTERS.

TRIP INFORMATION		
17	Purpose of Trip	
18	Destination	
19	DepartDate	
20	DepartTime	
21	ReturnDate	
22	ReturnTime	
23	ApproxMiles	
MODE OF TRAVEL		
24	Air Travel? (Yes/No)	
25	County Car (Yes/No)	
26	Private Car (Yes/No)	
27	Rental? (Yes/No)	
28	Other? (Explain)	
29	Auto Make, Model	
30	License Plate No.	
31	MILEAGE RATE:	0.555
32	Travel Advance requested? (Yes/No)	NO
33	Travel advance to be mailed directly to traveler? (Yes/No)	NO
34	Hardship advance requested? (Yes/No)	NO

ESTIMATED EXPENSES		
35	# Breakfasts	
36	# Lunches	
37	# Dinners	
38	# Nights	
39	Cost per night	
40	Incidentals Cost	
41	Registration Cost	
42	Airfare Cost	
43	Rental Car Cost	
44	Other Cost	

MEAL RATES*		
45	Breakfast	12.00
46	Lunch	18.00
47	Dinner	36.00

*About meal rates:

Use standard meal rates, unless travel is outside California. In that case, substitute the appropriate city's rates above.

Please type or print in blue or black ink

COUNTY OF SACRAMENTO
TRAVEL ADVANCE/PARKED REGISTRATION

Employee Information Section

1. Name of Traveler 0
2. Street Address 0
3. City & State 0
4. ZIP Code 0
5. New Address? (Y/N) NO
6. Traveler's Vendor/Pers Number* 0
7. Department HEALTH AND HUMAN SERVICES
8. Work Phone No. 0
9. Position Title/Contract No. 0

*The COMPASS vendor number must be included if this form is submitted to the Department of Finance for processing; the Personnel number is not an acceptable substitute.

Trip Information Section

10. Purpose of Trip 0
11. Destination 0
12. Mode of Travel Air (Y/N) 0 Co. Car (Y/N) 0 Rental Car (Y/N) 0 Other (explain) 0
13. Private Vehicle (Y/N) 0 Approximate Mileage 0.0
14. Planned Departure Date 1/0/1900
15. Planned Departure Time 12:00 AM
Current Mileage Rate 0.555
16. Planned Return Date 1/0/1900
17. Planned Return Time 12:00 AM

Travel Coordinator Section

18. Travel Coordinator HHS-TRAVEL DESK TEAM
19. Mail Code 37-1100F
20. Phone No. 875-1877
21. Travel Request No. 0

Estimated Costs to Traveler (to be completed by department)

22. Number of Meals Breakfast 0 Lunch 0 Dinner 0
23. Number of Nights Lodging 0
24. Lodging Cost per Night 0.00
25. Mileage Cost 0.00
26. Incidentals Cost* 0.00
27. Meals Cost 0.00
28. Lodging Cost 0.00
29. Total Estimated Costs \$0.00

39. DEPARTMENT OF FINANCE USE ONLY

Private Mileage (50%) 0.00
Other 0.00
Meals (90%) 0.00
Lodging (90%) 0.00
Total \$0.00
Eligible for Travel Advance? NO. Keep this form on file. Do not submit to Department of Finance.
Advance Document Number
Due Date #####
Fund Center 0890089
Parked Document Posted By
Document Posting Date

30. Registration Parked Document Number
31. Travel Advance Requested (Y/N) NO Hardship Advance Requested (Y/N)
32. Travel Advance Mail Direct (Y/N) NO NO

33. Required Accounting Information

GL Account 20203100 Order 0
Cost Center 0 Task 0
WBS 0 Facility 0
*Incidentals are limited to \$5 per day and may only be advanced for trips lasting 5 days or more

I have read the County travel policy and understand that I cannot claim more than actual and necessary expenses. If I travel by private vehicle, I hereby certify that I possess a valid California driver's license and that I have sufficient public liability and property damage insurance at least equal to the requirements of the financial responsibility laws of the State of California (Vehicle Code Section 16430). I also understand that I must submit my claim for reimbursement along with necessary receipts within five (5) days of my return. I also understand that any advance I receive is not transferable to another County employee. Should I fail to complete the proposed travel, I must return the County warrant or a personal check payable to Sacramento County to the Department of Finance.

34. Employee Signature 35. Date 36. Department Head SHERRI Z. HELLER, Ed.D
37. By (Signature of Deputy) 38. Date

DO NOT SEND THIS FORM TO THE DEPARTMENT OF FINANCE UNLESS YOU ARE REQUESTING A TRAVEL ADVANCE OR PRE-PAID REGISTRATION

Do not attach this claim to a Parked Invoice Transmittal

**COUNTY OF SACRAMENTO
TRAVEL REIMBURSEMENT**

Please type or print in blue or black ink

1. Parked Document Number

Employee Information Section

2. Name of Traveler

3. Traveler's Vendor/Pers Number*

4. Department

*The COMPASS vendor number must be included if this form is submitted to the Department of Finance for processing; the Personnel number is not an acceptable substitute.

Trip Information Section

5. Purpose of Trip

6. Destination

7. Mode of Travel Air (Y/N) Co. Car (Y/N) Rental Car (Y/N)

Other (explain)

8. Private Vehicle (Y/N) Actual Mileage (miles) Auto Make & Model

License No.

9. Actual Departure Date

10. Actual Departure Time

11. Actual Return Date

12. Actual Return Time

Travel Coordinator Section

13. Travel Coordinator

14. Mail Code

15. Phone No.

16. Travel Request No.

Actual Costs (to be completed by department)

17. Date										25. Trip Totals
18. Breakfast										0.00
19. Lunch										0.00
20. Dinner										0.00
21. Lodging										0.00
22. Incidentals										0.00
23. Other										0.00
24. Totals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Claims for incidental expenses do not require a receipt and are limited to \$5.00/day.

Claims for other expenses require a receipt.

Department Note Section

26. Meal Rates:
\$12.00
\$18.00
\$36.00

27. Private Vehicle Mileage Cost

28. Total Traveler Cost

29. Less Advances

30. Net Traveler Cost

31. Pre-paid Car Rental

32. Pre-paid Airfare

33. Pre-paid Registration

34. Total Trip Cost

40. DEPARTMENT OF FINANCE USE ONLY

Breakfast	0.00
Lunch	0.00
Dinner	0.00
Lodging	0.00
Incidentals	0.00
Other	0.00
Private Vehicle Mileage	0.00
Total Travel Cost	0.00
Less Advances	0.00
Net Due Traveler	0.00
Cleared Advance Document No.	
Parked Document Posted By	
Document Posting Date	

Use standard meal rates listed unless travel is outside California. Then, insert appropriate city rates.

I hereby certify that the actual expenses listed above were incurred by me on authorized County business. I further certify that, except for meals taken as a part of an approved County program, no meals shown on this claim were consumed within Sacramento County.

35. Employee Signature 36. Date

37. Department Head
Sherri Z. Heller, Ed.D

38. By (Signature of Deputy) 39. Date

ORIGINAL RECEIPTS MUST BE ATTACHED

Do not attach this claim to a Parked Invoice Transmittal

Completing the "DEPT INFO" and "TRIP DETAILS" worksheets will automatically populate the majority of the fields required on the Travel Request, Advance/Registration, and Reimbursement Forms.

<i>Field Name</i>	<i>Field Description</i>	<i>Example</i>
TRAVELER INFORMATION		
1	Name of Department or Agency (Long Form)	Full Name of Department or Agency Department of Health and Human Services
2	Name of Department or Agency (Short Form)**	Abbreviated name of Department or Agency DHHS
3	Department Head	Name of Department Head Sherri Z. Heller, Ed.D
4	Name of Travel Coordinator	Name of Travel Coordinator HHS-Travel Desk Team
5	Phone Number of Travel Coordinator	Phone Number of Travel Coordinator 875-1877
6	Mail Code of Travel Coordinator	Mail Code of Travel Coordinator 37-1100F

Completing the "DEPT INFO" and "TRIP DETAILS" worksheets will automatically populate the majority of the fields required on the Travel Request, Advance/Registration, and Reimbursement Forms.

<i>Field Name</i>	<i>Field Description</i>	<i>Example</i>
TRAVELER INFORMATION		
1 Vendor/Pers Number	Traveler's COMPASS vendor number (6-digit number beginning with a "9"). Departments may also include the traveler's Personnel number for internal purposes only, but travel reimbursements must be parked with the COMPASS vendor number. This field MUST include the traveler's COMPASS vendor number when forms are submitted to the Department of Finance.	912345
2 Name	Traveler's name	John Doe
3 Title	Traveler's job title	Accountant II
4 Division	Traveler's work unit in the department	Treasury
5 WorkPhone	Traveler's work phone number	874-4444
6 Street Address	Traveler's street address (home or work)	700 H Street
7 City, State	Address city and state	Sacramento, CA
8 Zipcode	Address zipcode	95814
9 New Addr?	Is this a new address?	YES or NO
REQUIRED ACCOUNTING INFORMATION		
10 Trip Number	Department-assigned travel request number	3230-6789
11 GL Account	GL number used to pay trip expenses	20202900
12 Cost Center	Cost center used to pay trip expenses	3233230000
13 Order	Order used to pay trip expenses	123456
14 WBS Element	WBS element used to pay trip expenses	FN-QWERTY-01
15 Task	Task associated with trip expenses	TRNG
16 Facility	Facility associated with trip expenses	TR99G

TRIP INFORMATION			
17	Purpose of Trip	Purpose of the trip	Fraud Conference
18	Destination	City and state of travel destination	Chicago, IL
19	DepartDate	Estimated date of departure	10/12/99
20	DepartTime	Estimated time of departure	8:00AM
21	ReturnDate	Estimated date of return	10/15/99
22	ReturnTime	Estimated time of return	4:00PM
23	ApproxMiles	Estimated private vehicle miles--enter number only, no text.	0
MODE OF TRAVEL			
24	Air Travel?	Will travel by air be used?	YES or NO
25	County Car?	Will a County car be used?	YES or NO
26	Private Car?	Will a private car be used?	YES or NO
27	Rental?	Will a rental car be used?	YES or NO
28	Other?	Will some other form of transportation be used?	Explanation of "other" circumstances
29	Auto Make, Model	Make and model of private vehicle to be used	Toyota, Camry
30	License Plate No.	License plate number of private vehicle being used	5J89760
31	Mileage Rate:	Current mileage rate in effect	0.550
32	Travel Advance requested?	Does the traveler need a travel advance?	YES or NO
33	Travel Advance to be mailed directly to traveler?	Should the travel advance be mailed directly to the traveler?	YES or NO
34	Hardship advance requested?	If the travel advance is less than \$100, will the traveler suffer an undue hardship if no advance is issued?	YES or NO
ESTIMATED EXPENSES			
35	# Breakfasts	Estimated number of breakfasts	3
36	# Lunches	Estimated number of lunches	4
37	# Dinners	Estimated number of dinners	3
38	# Nights	Estimated number of nights lodging	4
39	Cost per night	Estimated per night cost of lodging	\$189
40	Incidentals Cost*	Estimated incidentals cost	\$25
41	Registration Cost	Cost of registration	\$450
42	Airfare Cost	Cost of airfare	\$389
43	Rental Car Cost	Estimated rental car cost	\$0
44	Other Cost	Estimated cost of other expenses	\$0
MEAL RATES (MAXIMUM AMOUNT ALLOWED)			
45	Breakfast	Standard meal rate** for breakfast	\$19.05
46	Lunch	Standard meal rate** for lunch	\$16.70
47	Dinner	Standard meal rate** for dinner	\$39.20

* A traveler is entitled to \$5 per day for incidental costs. However, incidental costs are only advanced for trips lasting five days or more.

** If travel is limited to California, no change is necessary (the default rates reflected coincide with established IRS maximum meal reimbursement rates for California). If using the County's meal rates for travel outside of California for selected cities, then input the approved maximum rates.

FIELD NAME	FIELD DESCRIPTION	EXAMPLE	
Employee Information Section			
1	Name of Traveler	Traveler's name	This field is automatically filled by "TRIP DETAILS"
2	Position Title	Traveler's job title	This field is automatically filled by "TRIP DETAILS"
3	Division	Traveler's work unit in the department	This field is automatically filled by "TRIP DETAILS"
4	Work Phone No.	Traveler's work phone number	This field is automatically filled by "TRIP DETAILS"
Trip Information Section			
5	Purpose of Trip	Purpose of trip	This field is automatically filled by "TRIP DETAILS"
6	Destination	City and state of destination	This field is automatically filled by "TRIP DETAILS"
7	Mode of Travel	Air, County car, etc.	These fields are automatically filled by "TRIP DETAILS"
8	Private Vehicle	Whether private vehicle will be used and estimated private mileage	These fields are automatically filled by "TRIP DETAILS"
9	Planned Departure Date	Estimated date traveler will leave Sacramento	This field is automatically filled by "TRIP DETAILS"
10	Planned Departure Time	Estimated time traveler will leave Sacramento	This field is automatically filled by "TRIP DETAILS"
11	Planned Return Date	Estimated date traveler will return to Sacramento	This field is automatically filled by "TRIP DETAILS"
12	Planned Return Time	Estimated time traveler will return to Sacramento	This field is automatically filled by "TRIP DETAILS"
Travel Coordinator Section			
13	Travel Coordinator	Travel Coordinator's name	This field is automatically filled by "DEPT INFO"
14	Phone No.	Travel Coordinator's work phone number	This field is automatically filled by "DEPT INFO"
15	Travel Request No.	Department-assigned travel request number	This field is automatically filled by "TRIP DETAILS"
Estimated Expenses Section			
16	Transportation	Estimated transportation costs	This field is automatically filled by "TRIP DETAILS"
17	Meals & Lodging	Estimated meals & lodging costs.	These fields are automatically filled by "TRIP DETAILS"
18	Other Expenses	Estimated other costs	This field is automatically filled by "TRIP DETAILS"
19	Total Estimated Expenses	Total estimated expenses	This field is automatically calculated.
Accounting Section			
20	GL Account	GL account used to pay trip expenses	This field is automatically filled by "TRIP DETAILS"
21	Cost Center	Cost center used to pay trip expenses	This field is automatically filled by "TRIP DETAILS"
22	Order	Order used to pay trip expenses	This field is automatically filled by "TRIP DETAILS"
23	WBS Element	WBS element used to pay trip expenses	This field is automatically filled by "TRIP DETAILS"
24	Task	Task associated with trip expenses	This field is automatically filled by "TRIP DETAILS"
25	Facility	Facility associated with trip expenses	This field is automatically filled by "TRIP DETAILS"
Signature Section			
26	Employee Signature	Traveler's original signature	Signature
27	Date	Date of traveler's signature	10/16/99
28	Department Head	Name of Department Head	This field is automatically filled by "DEPT INFO"
29	By (Signature of Deputy)	Signature of Department Head or designee authorized to approve travel	Signature
30	Date	Date of approval signature	10/17/99

THIS FORM IS FOR INTERNAL USE ONLY. DO NOT FORWARD THIS FORM TO THE DEPARTMENT OF FINANCE.

FIELD NAME	FIELD DESCRIPTION	EXAMPLE
Employee Information Section		
1 Name of Traveler	Traveler's name	This field is automatically filled by "TRIP DETAILS'
2 Street Address	Traveler's street address (home or work)	This field is automatically filled by "TRIP DETAILS'
3 City & State	Address city & state	This field is automatically filled by "TRIP DETAILS'
4 ZIP Code	Address ZIP code	This field is automatically filled by "TRIP DETAILS'
5 New Address?	Is this a new address?	This field is automatically filled by "TRIP DETAILS'
6 Traveler's Vendor Number	Traveler's COMPASS vendor number	This field is automatically filled by "TRIP DETAILS'
7 Department	Traveler's department	This field is automatically filled by "DEPT INFO'
8 Work Phone No.	Traveler's work phone number	This field is automatically filled by "TRIP DETAILS'
9 Position Title/Contract No.	Traveler's job title or contract number	This field is automatically filled by "TRIP DETAILS'
Trip Information Section		
10 Purpose of Trip	Purpose of trip	This field is automatically filled by "TRIP DETAILS'
11 Destination	City and state of destination	This field is automatically filled by "TRIP DETAILS'
12 Mode of Travel	Air, County car, etc.	These fields are automatically filled by "TRIP DETAILS'
13 Private Vehicle	Whether private vehicle will be used and estimated private mileage	These fields are automatically filled by "TRIP DETAILS"
14 Planned Departure Date	Estimated date traveler will leave Sacramento	This field is automatically filled by "TRIP DETAILS'
15 Planned Departure Time	Estimated time traveler will leave Sacramento	This field is automatically filled by "TRIP DETAILS'
16 Planned Return Date	Estimated date traveler will return to Sacramento	This field is automatically filled by "TRIP DETAILS'
17 Planned Return Time	Estimated time traveler will return to Sacramento	This field is automatically filled by "TRIP DETAILS'
Travel Coordinator Section		
18 Travel Coordinator	Travel Coordinator's name	This field is automatically filled by "DEPT INFO'
19 Mail Code	Travel Coordinator's mail code	This field is automatically filled by "DEPT INFO'
20 Phone No.	Travel Coordinator's work phone number	This field is automatically filled by "DEPT INFO'
21 Travel Request No.	Department-assigned travel request number	This field is automatically filled by "TRIP DETAILS'
Estimated Costs to Traveler		
22 Number of Meals	Number of meals	This field is automatically filled by "TRIP DETAILS'
23 Number of Nights Lodging	Number of nights lodging	This field is automatically filled by "TRIP DETAILS'
24 Lodging Cost per Night	Lodging cost per night	This field is automatically filled by "TRIP DETAILS'
25 Mileage Cost	Mileage cost	This field is automatically filled by "TRIP DETAILS'
26 Incidentals Cost	Incidentals cost	This field is automatically filled by "TRIP DETAILS'
27 Meals Cost	Meals cost	This field is automatically filled by "TRIP DETAILS'
28 Lodging Cost	Lodging cost	This field is automatically filled by "TRIP DETAILS'
29 Total Estimated Costs	Total estimated costs	This field is automatically filled by "TRIP DETAILS'
30 Registration Parked Document #	COMPASS parked document number	1901000001
31 Travel Advance Requested	Does the traveler need a travel advance?	This field is automatically filled by "TRIP DETAILS'
32 Travel Advance Mail Direct	Does the traveler want the advance mailed directly to his/her home address? (If yes, print on YELLOW paper)	This field is automatically filled by "TRIP DETAILS"
Hardship Advance Requested	If the travel advance is less than \$100, will the traveler suffer an undue hardship?	This field is automatically filled by "TRIP DETAILS"
33 Required Accounting Information	Accounting information	These fields are automatically filled by "TRIP DETAILS'
Signature Section		
34 Employee Signature	Traveler's original signature	Signature
35 Date	Date of traveler's signature	10/16/99
36 Department Head	Name of Department Head	This field is automatically filled by "DEPT INFO'
37 By (Signature of Deputy)	Signature of Department Head or designee authorized to approve travel	Signature
38 Date	Date of approval signature	10/17/99
DEPARTMENT OF FINANCE USE ONLY		
39 Department of Finance Use Only	Department of Finance inforamtor	This area is automatically calculated

IF YOU ARE REQUESTING A TRAVEL ADVANCE OR PREPAID REGISTRATION, FORWARD THIS FORM TO THE DEPARTMENT OF FINANCE AUDITOR-CONTROLLER DIVISION, AT 700 H STREET, ROOM 3650, SACRAMENTO, 95814 (MAIL CODE 09-3650). OTHERWISE, KEEP THIS FORM FOR YOUR RECORDS.

FIELD NAME	FIELD DESCRIPTION	EXAMPLE
1 Parked Document Number	COMPASS parked document number	190100002

Employee Information Section

2 Name of Traveler	Traveler's name	This field is automatically filled by "TRIP DETAILS"
3 Traveler's Vendor Number	Traveler's COMPASS vendor number	This field is automatically filled by "TRIP DETAILS"
4 Department	Traveler's department	This field is automatically filled by "DEPT INFO"

Trip Information Section

5 Purpose of Trip	Purpose of trip	This field is automatically filled by "TRIP DETAILS"
6 Destination	City and state of destination	This field is automatically filled by "TRIP DETAILS"
7 Mode of Travel	Air, County car, etc.	These fields are automatically filled by "TRIP DETAILS"
8 Private Vehicle Actual Mileage	Actual miles driven by private vehicle--enter number only, no tex	30
	Private Vehicle	Make, model & license plate number of vehicle
9 Actual Departure Date	Actual Date traveler left Sacramento	10/12/99
10 Actual Departure Time	Actual Time traveler left Sacramento	8:00AM
11 Actual Return Date	Actual Date traveler returned to Sacramento	10/15/99
12 Actual Return Time	Actual Time traveler returned to Sacramento	4:00PM

Travel Coordinator Section

13 Travel Coordinator	Travel Coordinator's name	This field is automatically filled by "DEPT INFO"
14 Mail Code	Travel Coordinator's mail code	This field is automatically filled by "DEPT INFO"
15 Phone No.	Travel Coordinator's work phone number	This field is automatically filled by "DEPT INFO"
16 Travel Request No.	Department-assigned travel request number	These fields are automatically filled by "TRIP DETAILS"

Actual Costs

17 Date	Date(s) of travel	10/12/99
18 Breakfast	Actual cost of breakfast(s)	6.75
19 Lunch	Actual cost of lunch(es)	11.25
20 Dinner	Actual cost of dinner(s)	23.00
21 Lodging	Actual daily cost of lodging	76.00
22 Incidentals	Actual incidental costs	9.00
23 Other	Other actual costs (e.g., cab fare, parking fees).	16.00 (attach receipts)
24 Totals	Total daily costs	These fields are automatically calculatec
25 Trip Totals	Total costs by expense type	These fields are automatically calculatec
26 Meal Rates	Standard meal rates in effect for destination	These rates are automatically filled by "TRIP DETAILS"
27 Private Vehicle Mileage Cost	Private miles x mileage rate	This field is automatically calculatec
28 Total Traveler Cost	Total cost to traveler	This field is automatically calculatec
29 Less Advances	Amount advanced to traveler prior to trip	100.00
30 Net Traveler Cost	Net traveler cost	This field is automatically calculatec
31 Pre-paid* Car Rental	Cost of County pre-paid rental car	75.00
32 Pre-paid* Airfare	Cost of County pre-paid airfare	200.00
33 Pre-paid* Registration	Cost of County pre-paid registration	100.00
34 Total Trip Cost	Total trip cost	This field is automatically calculatec

* "Pre-paid" expenses are costs paid in advance by the County which do not require reimbursement to the traveler.

Signature Section

35 Employee Signature	Traveler's original signature	Signature
36 Date	Date of traveler's signature	10/16/99
37 Department Head	Name of Department Head	This field is automatically filled by "DEPT INFO"
38 By (Signature of Deputy)	Signature of Department Head or designee authorized to approve travel	Signature
39 Date	Date of approval signature	10/17/99

DEPARTMENT OF FINANCE USE ONLY

40 Department of Finance Use Only	Department of Finance information	This area is automatically calculatec
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FORWARD THIS FORM TO THE DEPARTMENT OF FINANCE, AUDITOR-CONTROLLER DIVISION, AT 700 H STREET, ROOM 3650, SACRAMENTO, 95814 (MAIL CODE 09-3650).

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**COUNTY OF SACRAMEN-
MILEAGE CLAIM**

10. Audi-r's Date Stamp: Do not use this space.

1. DOC NUMBER:			
2. -:	DOF: AUDI-R-CONTROLLER DIVISION (09-3650)	9. Employee Name and Address (Note: Address required ONLY if new address)	
3. DATE:	Cost Accounting Information	Name:	
4. CONTACT:	Caesar P. Zosa	Cost Center	720755000
5. FROM DEPT:	Health & Human Services	Order	A75551
6. PHONE NO:		WBS Element	
7. MAIL CODE:	37-600B	Task	
8. MONTH/YR:		Facility	
		11. Vendor #*	or Pers #*
		12. Make and Model of Vehicle Used:	
		13. Veh. License #:	

DAY OF MONTH	14. PARKING	15. BRIDGE LLS	16. # OF MILES DRIVEN	NOTE:	17. ORIGIN / DESTINATION (FROM=>-)	18. PURPOSE OF TRIP
1				TRIPS CANNOT INVOLVE AN OVERNIGHT STAY OR EXCEED 300 DAILY MILES. TRIPS INVOLVING OVERNIGHT STAYS OR EXCEEDING 300 DAILY MILES MUST BE ON A TRAVEL CLAIM.		
2						
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31						
20. GRAND -TAL		\$0.00	\$0.00	0.00	\$0.00	19. CALCULATED MILEAGE REIMB AMT
		\$0.00	\$0.565	21. CURRENT MILEAGE RATE*	*Current Mileage Rate shown applies - first 600 miles; the rate is reduced by \$0.15 for mileage over 600 miles per month.	

DEPT. APPROVAL: I hereby approve the mileage and other reimbursements as reasonable and necessary for the performance of the employee's assigned duties and approve payment of this claim.		22. EMPLOYEE SIGNATURE	DATE
		23. SUPERVISOR APPROVAL (Optional; based on dept. policies)	DATE

24. DEPT. HEAD NAME	25. APPROVED BY: SIGNATURE AND NAME (IF NOT DEPT. HEAD)	26. DEPARTMENT OF FINANCE USE ONLY	
Sherrri Z. Heller, Ed.D		RTN/POST	

NOTE:	*THE VENDOR NUMBER MUST BE INCLUDED ON THIS CLAIM WHEN IT IS SUBMITTED - THE DEPARTMENT OF FINANCE. PLEASE TYPE OR PRINT IN BLUE OR BLACK INK. IF YOU FREQUENTLY SUBMIT A LARGE NUMBER OF SIMILAR CLAIMS, CONTACT PEGGY MARTI REGARDING ELECTRONIC FILING. DO NOT ATTACH COPIES OF COMPASS SCREENS.	DATE	Posted By/Rtnd By	COMMENTS
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#	FIELD NAME	FIELD DESCRIPTION	CONTENTS OF FIELD
1	DOC NUMBER	Document number is system generated when invoice is input into COMPASS and saved.	e.g., 1900000051
2	TO	To whom form is to be sent.	DEPARTMENT OF FINANCE, AUDITOR-CONTROLLER DIVISION
3	DATE	Date transmittal is being prepared.	e.g., 7/15/98
4	CONTACT	Name of employee who is to be called if there are questions regarding documents.	Employee name
5	FROM DEPT	Department name and/or division name.	Division
6	PHONE NUMBER	Phone number of employee contact.	phone number
7	MAIL CODE	Mail Code of Contact Person.	e.g., 07-293
8	MONTH/YR	Month and Year in which expense occurred.	e.g., MARCH 2004
9	Employee Name and Address	Name of employee for whom the reimbursement is being submitted. Include address information if different than in COMPASS AP.	
10	Auditor's Date Stamp	Do not put anything in this box. The Auditor-Controller will utilize this space for a date received stamp.	Date Stamp
11	Vendor # or Pers #	Departments MUST park the invoice under the employee's COMPASS vendor account and submit the claim with said vendor account (should be account type EMP1, beginning with 9) included on the claim form. <i>Each department has the option of using the Pers # field for internal purposes only.</i>	e.g., 912345
12	Make and Model of Vehicle Used	Make and model of personal vehicle used for the trip within the month specified in box 8.	
13	Veh. License #	Vehicle License # for vehicle cited in box 12.	e.g., QWERTYU
14	PARKING	Dollar amount to be paid for parking expense. Attach receipts.	e.g., \$50.25
15	BRIDGE TOLLS	Dollar amount to be paid for bridge toll expense. Attach receipts	e.g., \$50.25
16	# OF MILES DRIVEN	Total amount of miles driven for that day	e.g., 35.2
17	ORIGIN / DESTINATION	Trip detail used to verify legitimacy of # of miles driven and to document travel within or outside of the County	e.g., 700 H Street to 9700 Goethe Rd
18	PURPOSE OF TRIP	Trip detail used to document the business purpose	e.g., COMPASS training
19	CALCULATED MILEAGE REIMB AMT	The amount calculated for the mileage portion of the reimbursement claims. Mileage Rate Shown is for First 600 Miles. The rate is reduced by \$0.15 for any mileage over 600 miles per month.	e.g., \$13.20
20	GRAND TOTAL	Total amount of reimbursement for the month, including parking, bridge toll, and mileage expenses.	e.g., \$25.60
21	CURRENT MILEAGE RATE	Rate determined by the IRS to be maximum rate for reimbursement. Mileage Rate Shown is for First 600 Miles. The rate is reduced by \$0.15 for any mileage over 600 miles per month.	e.g., \$0.505
22	EMPLOYEE SIGNATURE	Signature of the employee for whom the reimbursement is being submitted.	e.g., John Smith
23	SUPERVISOR SIGNATURE	Signature of the supervisor of the employee from whom the reimbursement is being submitted. This field is optional, to be used in accordance with department policies.	e.g., Jane Doe
24	DEPARTMENT HEAD	Name of Department Head.	e.g., John Smith
25	APPROVED BY	*Signature of authorized employee. Please print the name of the person signing if other than the department head. Note this must be signed by someone other than the individual who parked the claim in COMPASS and the individual receiving the reimbursement.	e.g., Jane Doe
26	DEPARTMENT OF FINANCE USE ONLY	Return information including date of return, clerk returning and the reason for return.	This space to be left blank.

* Authorized Signature List must be on file with the Department of Finance, Auditor-Controller Division

NOTE: Forms should be submitted to the Department of Finance, Auditor-Controller Division, Mail Code 09-3650

COUNTY OF SACRAMENTO
MILEAGE LOG

for the month of

DATE	BEG	END	TOTAL	LOCATIONS	PURPOSE
1					
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SACRAMENTO TGA – HIV HEALTH SERVICES PLANNING COUNCIL FY13 MEMBERSHIP CONFLICT OF INTEREST DECLARATION

CONFLICT OF INTEREST

Conflict of Interest is of particular significance in the operations of the Council and its committees. The Sacramento Region HIV Health Services Planning Council recognizes the potential for conflict of interest. The following guidelines are intended to identify circumstances in which members should disqualify themselves from acting, so that conflicts of interest may be avoided. Conflict of interest rules are as follows:

1. The Council, as a body, may not designate or otherwise be involved in the selection of particular entities as recipients of any of the amounts provided in the grant.
2. In general, a person has a conflict of interest if that person stands to benefit personally, professionally or financially from the outcomes of a particular decision. More specifically, the following people have a potential conflict of interest:
 - a. An employee or paid contractor of an agency which does, or may, receive funds allocated through the Sacramento Region Ryan White CARE Program;
 - b. A person in a decision making role of an agency or who has other responsibilities for the fiscal management of an agency or organization;
 - c. A person who is related or has a close personal relationship to any person(s) described in (a) or (b) above;
 - d. A person who has a financial interest in the operations of an agency; i.e. landlord, supplier, subcontractor, etc.;
3. Consumers of HIV/AIDS services who are not affiliated with an agency as described in Section 2, are generally not considered to have a conflict of interest;
4. Government officials who do not otherwise have a relationship with an agency as described above in Section 2 and are acting officially for the public agency which they represent, generally do not have a conflict of interest.

A potential conflict of interest does not exclude a person from membership on the Council, its Committees or Work Groups. Given the expertise and experience needed to perform the functions mandated to the Council by the national legislation, conflicts of interest are inevitable. The Council does seek to maintain a reasonable balance of interests, and may need to limit the total number of persons with a conflict of interest who are selected to participate in certain capacities.

If you believe that you may have a conflict of interest, please respond to one of the statements below:

- a. I, and/or a family member, or person with whom I am closely related, personally serve (have served within the last twelve months) as an employee, or contractor, or other similar capacity, with the following organization(s) that has/have received, or may seek funding from the Sacramento Region Ryan White CARE Program. (Please list.)

1. _____

2. _____

3. _____

- b. I am not sure whether I have an official conflict of interest, but I think the following information may be important:

Signature of Applicant: _____ **Date:** _____

CONFIDENTIAL
2013 APPLICATION FOR APPOINTMENT TO
SACRAMENTO TRANSITIONAL GRANT AREA (TGA)

HIV Health Services Planning Council, Committees or Work Groups

Thank you for your interest in serving on the Council, or one of its Committees or Work Groups. Please fill out this application completely and return it to the Council office. Applications will be kept on file for one year from the date of submission and will be considered when filling unexpected vacancies during the year.

I. INDIVIDUAL PROFILE

A. Identification

1. Name: _____		
2. Mailing Address: _____		
3. City: _____	Zip: _____	County: _____
4. Contact Information: E-Mail _____		
Home: () _____	Work: () _____	Cell: () _____
Pager: () _____	Fax: () _____	Other: _____
5. I am employed by: _____		
Position/Title: _____		

B. Council Participation

Please mark all groups with which you are currently involved or familiar with the work of the HIV Health Services Planning Council:

<input type="checkbox"/> Council Member	<input type="checkbox"/> Alternate	<input type="checkbox"/> Committee Member	<input type="checkbox"/> Work Group Member
<input type="checkbox"/> Interested Party (please explain): _____			

C. Representation

Please mark any categories you are currently qualified to represent:

<input type="checkbox"/> Affected communities, including any person living with HIV/AIDS, parents/guardians of HIV infected children, caregivers of people living with HIV/AIDS, and/or historically underserved groups	<input type="checkbox"/> Provider with a history of serving children, youth and families with HIV
<input type="checkbox"/> Community based organization serving affected populations or an AIDS service organization	<input type="checkbox"/> Social service provider
<input type="checkbox"/> Health care provider and/or federally qualified health center	<input type="checkbox"/> Housing and homeless services provider
<input type="checkbox"/> Hospital planning or health care planning agency	<input type="checkbox"/> Substance abuse provider
<input type="checkbox"/> Local public health agency	<input type="checkbox"/> State Medicaid agency
<input type="checkbox"/> Mental health provider	<input type="checkbox"/> Organization with a history of serving children, youth, and families living with HIV
<input type="checkbox"/> Non-elected community leader	<input type="checkbox"/> Part C grantee
	<input type="checkbox"/> Other Federal HIV programs (including AETC and HOPWA)
	<input type="checkbox"/> Formerly incarcerated person living with HIV/AIDS
	<input type="checkbox"/> Other (please specify): _____

II. REFLECTIVENESS

A. Demographics

The federal regulations for the structure of the HIV Health Services Planning Council require that a Council's membership reflect the current epidemic of HIV/AIDS within the TGA. The following information will be helpful in ensuring that the membership accurately reflects the requirements. The information you provide on this form will be anonymously combined with that of other Council participants in any reported information. We therefore ask that you select the categories with which you most closely identify, even if you don't use identical language in describing yourself.

1. I am: Male Female Transgender
2. a) I self-identify as HIV positive: Yes No
(Confidential disclosure is required for the application, but will not be revealed without your permission.)
b) If yes, my age at diagnosis was: 13 or under 13 – 19 20 – 44 45 or over
c) I am a consumer of services paid for by Ryan White CARE Act funds: Yes No
3. I self-identify in the following race/ethnic category:
 African American/Black Asian/Pacific Islander, Specify:
 White/Caucasian (not Hispanic) Latino/Hispanic, Specify:
 Native American/Alaskan Native Other, Specify:
 Multi-Race/More Than One

B. Interest and Advocacy

Please identify up to three areas of experience or expertise that you can contribute to Council activities.

1. HIV Health needs of:
 Gay/bisexual men Heterosexual Men
 Injecting drug users Substance users
 Women, including lesbians People in rural areas
 Hemophiliacs/blood transfusion recipients Infants, children, and youth
 People with disabilities People who are incarcerated

III. QUESTIONS

Please answer the following questions and be as specific as you can about your experience. For example: give the length of time you were involved in particular activities, state whether you have had a staff or volunteer role, etc. (Use additional pages if necessary.)

1. Why are you interested in serving on the HIV Health Services Planning Council?

2. What are your primary concerns as they relate to the HIV/AIDS epidemic and HIV/AIDS services available in the Sacramento region?

3. What experience have you had with HIV infection or AIDS in your personal or professional life?

IV. REFERENCES

List two people who may be called to verify your qualifications to be a representative on this Council. Letters of support are not required.

Name: _____	Name: _____
Address: _____	Address: _____
Telephone: () _____	Telephone: () _____

V. DESIRED PARTICIPATION

Please consider my application for the following positions, whenever there is an opening to be filled:

_____ Planning Council Member	
_____ Planning Council Alternate (HIV+ persons only)	
_____ Committee Member (please indicate which committee)	
_____ Affected Communities	_____ Priorities and Allocations
_____ Governance	_____ Quality Advisory Committee
_____ Needs Assessment	_____ Work Groups (short term, throughout year)
_____ Prevention and Education	_____ African American Outreach & Prevention
_____ Any of the above for which I qualify	

VI. APPLICATION PROCESS

- Assistance with completion of the application is available by calling 916-876-5548
- A personal interview may be requested as part of the application process. You will be notified if an interview is required.
- Applications will be kept on file for one year after the submittal date.
- Individuals who are appointed to membership must be willing to volunteer at least 8 hours per month to HIV Health Services Planning Council activities, including preparation and attendance at regular monthly meetings, as well as participation on at least one committee of the Planning Council. Members will be removed upon missing three consecutive regular meetings or five regular meetings within a twelve-month period.
- For additional information, call the HIV Health Services Planning Council at 916-876-5548

PLEASE SUBMIT APPLICATION TO:

**HIV Health Services Planning Council
 Ryan White CARE Program
 7001A East Parkway, Suite 600B
 Sacramento, CA 95823
 Fax (916) 875-5888**

I hereby certify that I have completed this application to the best of my knowledge and ability.

Signature of Applicant: _____	Date: _____
--------------------------------------	--------------------

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2012/2013
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

428 J Street, Suite 620 • Sacramento, CA 95814

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

December 2012

What's New

During 2011 and 2012, the gift limit was \$420 from a single source per calendar year. For calendar years 2013-2014, the limit increased to \$440 from a single source during a calendar year. This gift limit is effective until December 31, 2014.

Filing Deadlines for Filers Under Active Military Duty—

If a person is under active military duty as defined in the Servicemember's Civil Relief Act, the deadline for the annual Form 700 is 30 days following his or her return to office, provided the person or a representative notifies the filing officer in writing prior to the filing deadline that he or she is subject to that federal statute and is unable to meet the applicable deadline, and provides the filing officer verification of his or her military status.

Who must file:

- Elected and appointed officials and candidates listed in Government Code Section 87200
- Employees and appointed officials filing pursuant to a conflict-of-interest code ("code filers"). **Obtain your disclosure categories, which describe the interests you must report, from your agency;** they are not part of the Form 700
- Candidates running for local elective offices that are designated in a conflict-of-interest code (e.g., county sheriffs, city clerks, school board trustees, and water board members)
- Members of newly created boards and commissions not yet covered under a conflict-of-interest code
- Employees in newly created positions of existing agencies

See Reference Pamphlet, page 3, at www.fppc.ca.gov or obtain from your filing officer.

Where to file:

87200 Filers

State offices	➔ Your agency
Judicial offices	➔ The clerk of your court
Retired Judges	➔ Directly with FPPC
County offices	➔ Your county filing official
City offices	➔ Your city clerk
Multi-County offices	➔ Your agency

Code Filers — State and Local Officials and Employees Designated in a Conflict-of-Interest Code:

File with your agency, board, or commission unless otherwise specified in your agency's conflict-of-interest code (e.g., Legislative staff files directly with FPPC). In most cases, the agency, board, or commission will retain the statements.

Members of Boards and Commissions of Newly Created Agencies: File with your newly created agency or with your agency's code reviewing body.

Employees in Newly Created Positions of Existing Agencies: File with your agency or with your agency's code reviewing body. See Reference Pamphlet, page 3.

Candidates: File with your local elections office.

How to file:

The Form 700 is available at www.fppc.ca.gov. Form 700 schedules are also available in Excel format. All statements must have an original "wet" signature or be duly authorized by your filing officer to file electronically under Government Code Section 87500.2. Instructions, examples, FAQs, and a reference pamphlet are available to help answer your questions.

When to file:

Annual Statements

➔ March 1, 2013

- Elected State Officers
- Judges and Court Commissioners
- State Board and Commission Members listed in Government Code Section 87200

➔ April 2, 2013

- Most other filers

Individuals filing under conflict-of-interest codes in city and county jurisdictions should verify the annual filing date with their local filing officers.

Statements postmarked by the filing deadline are considered filed on time.

Assuming Office and Leaving Office Statements

Most filers file within 30 days of assuming or leaving office or within 30 days of the effective date of a newly adopted or amended conflict-of-interest code.

Exception:

If you assumed office between October 1, 2012, and December 31, 2012, and filed an assuming office statement, you are not required to file an annual statement until March 3, 2014, or April 1, 2014, whichever is applicable. The annual statement will cover the day after you assumed office through December 31, 2013. See Reference Pamphlet, pages 6 and 7, for additional exceptions.

Candidate Statements

File no later than the final filing date for the declaration of candidacy or nomination documents.

Amendments

Statements may be amended at any time. You are only required to amend the schedule that needs to be revised. It is not necessary to amend the entire filed form. Obtain amendment schedules at www.fppc.ca.gov.

There is no provision for filing deadline extensions unless the filer is under active military duty. (Regulation 18723) Statements of 30 pages or less may be faxed by the deadline as long as the originally signed paper version is sent by first class mail to the filing official within 24 hours.

Introduction

The Political Reform Act (Gov. Code Sections 81000-91014) requires most state and local government officials and employees to publicly disclose their personal assets and income. They also must disqualify themselves from participating in decisions that may affect their personal economic interests. The Fair Political Practices Commission (FPPC) is the state agency responsible for issuing the attached Statement of Economic Interests, Form 700, and for interpreting the law's provisions.

Gift Prohibition

Gifts received by most state and local officials, employees, and candidates are subject to a limit. During 2011 and 2012, the gift limit was \$420 from a single source per calendar year. For calendar years 2013-2014, the limit increased to \$440 from a single source during a calendar year. This gift limit is effective until December 31, 2014.

In addition, state officials, state candidates, and certain state employees are subject to a \$10 limit per calendar month on gifts from lobbyists and lobbying firms registered with the Secretary of State. See Reference Pamphlet, page 10.

State and local officials and employees should check with their agency to determine if other restrictions apply.

Disqualification

Public officials are, under certain circumstances, required to disqualify themselves from making, participating in, or attempting to influence governmental decisions that will affect their economic interests. This may include interests they are not required to disclose (i.e., a personal residence is often not reportable, but may be disqualifying). Specific disqualification requirements apply to 87200 filers (e.g., city councilmembers, members of boards of supervisors, planning commissioners, etc.). These officials must identify orally the economic interest that creates a conflict of interest and leave the room before a discussion or vote takes place at a public meeting. For more information, consult Government Code Section 87105, Regulation 18702.5, and the Overview of the Conflict of Interest Laws at www.fppc.ca.gov.

Honorarium Ban

Most state and local officials, employees, and candidates are prohibited from accepting an honorarium for any speech given, article published, or attendance at a conference, convention, meeting, or like gathering. See Reference Pamphlet, page 10.

Loan Restrictions

Certain state and local officials are subject to restrictions on loans. See Reference Pamphlet, page 14.

Post-Governmental Employment

There are restrictions on representing clients or employers before former agencies. The provisions apply to elected state officials, most state employees, local elected officials, county chief administrative officers, city managers, including the chief administrator of a city, and general managers or chief administrators of local special districts and JPAs. The FPPC website has fact sheets explaining the provisions.

Late Filing

The filing officer who retains originally-signed statements of economic interests may impose on an individual a fine for any statement that is filed late. The fine is \$10 per day up to a maximum of \$100. Late filing penalties may be reduced or waived under certain circumstances.

Persons who fail to timely file their Form 700 may be referred to the FPPC's Enforcement Division (and, in some cases, to the Attorney General or district attorney) for investigation and possible prosecution. In addition to the late filing penalties, a fine of up to \$5,000 per violation may be imposed.

For assistance concerning reporting, prohibitions, and restrictions under the Act:

- Email questions to advice@fppc.ca.gov.
- Call the FPPC toll-free at (866) 275-3772.

Form 700 Public Access

Statements of Economic Interests are public documents. The filing officer must permit any member of the public to inspect and receive a copy of any statement.

- Statements must be available as soon as possible during the agency's regular business hours, but in any event not later than the second business day after the statement is received. Access to the Form 700 is not subject to the Public Records Act procedures.
- No conditions may be placed on persons seeking access to the forms.
- No information or identification may be required from persons seeking access.
- Reproduction fees of no more than 10 cents per page may be charged.

Types of Statements

Assuming Office Statement:

If you are a newly appointed official or are newly employed in a position designated, or that will be designated, in a state or local agency's conflict-of-interest code, your assuming office date is the date you were sworn in or otherwise authorized to serve in the position. If you are a newly elected official, your assuming office date is the date you were sworn in.

- Investments, interests in real property, and business positions held on the date you assumed the office or position must be reported. In addition, income (including loans, gifts, and travel payments) received during the 12 months prior to the date you assumed the office or position is reportable.

For positions subject to confirmation by the State Senate or the Commission on Judicial Performance, your assuming office date is the date you were appointed or nominated to the position.

Example:

Maria Lopez was nominated by the Governor to serve on a state agency board that is subject to state Senate confirmation. The assuming office date is the date Maria's nomination is submitted to the Senate. Maria must report investments, interests in real property, and business positions she holds on that date, and income (including loans, gifts, and travel payments) received during the 12 months prior to that date.

If your office or position has been added to a newly adopted or newly amended conflict-of-interest code, use the effective date of the code or amendment, whichever is applicable.

- Investments, interests in real property, and business positions held on the effective date of the code or amendment must be reported. In addition, income (including loans, gifts, and travel payments) received during the 12 months prior to the effective date of the code or amendment is reportable.

Annual Statement:

Generally, the period covered is January 1, 2012, through December 31, 2012. If the period covered by the statement is different than January 1, 2012, through December 31, 2012, (for example, you assumed office between October 1, 2011, and December 31, 2011, or you are combining statements), you must specify the period covered.

- Investments, interests in real property, business positions held, and income (including loans, gifts, and travel payments) received during the period covered

by the statement must be reported. Do not change the preprinted dates on Schedules A-1, A-2, and B unless you are required to report the acquisition or disposition of an interest that did not occur in 2012.

- If your disclosure category changes during a reporting period, disclose under the old category until the effective date of the conflict-of-interest code amendment and disclose under the new disclosure category through the end of the reporting period.

Leaving Office Statement:

Generally, the period covered is January 1, 2012, through the date you stopped performing the duties of your position. If the period covered differs from January 1, 2012, through the date you stopped performing the duties of your position (for example, you assumed office between October 1, 2011, and December 31, 2011, or you are combining statements), the period covered must be specified.

- Investments, interests in real property, business positions held, and income (including loans, gifts, and travel payments) received during the period covered by the statement must be reported. Do not change the preprinted dates on Schedules A-1, A-2, and B unless you are required to report the acquisition or disposition of an interest that did not occur in 2012.

Candidate Statement:

If you are filing a statement in connection with your candidacy for state or local office, investments, interests in real property, and business positions held on the date of filing your declaration of candidacy must be reported. In addition, income (including loans, gifts, and travel payments) received during the 12 months prior to the date of filing your declaration of candidacy is reportable. Do not change the preprinted dates on Schedules A-1, A-2, and B.

Candidates running for local elective offices (e.g., county sheriffs, city clerks, school board trustees, and water district board members) must file candidate statements, as required by the conflict-of-interest code for the elected position. The code may be obtained from the agency of the elected position.

Amendments:

If you discover errors or omissions on any statement, file an amendment as soon as possible. You are only required to amend the schedule that needs to be revised; it is not necessary to refile the entire form. To obtain amendment schedules, contact the FPPC, your filing official, or go to the FPPC website at www.fppc.ca.gov.

Instructions — Cover Page

Enter your name, mailing address, and daytime telephone number in the spaces provided. **Because the Form 700 is a public document**, you may list your business/office address instead of your home address.

Part 1. Office, Agency, or Court

- Enter the name of the office sought or held, or the agency or court. Consultants must enter the public agency name rather than their private firm's name. (Examples: State Assembly; Board of Supervisors; Office of the Mayor; Department of Finance; Hope County Superior Court)
- Indicate the name of your division, board, or district, if applicable. (Examples: Division of Waste Management; Board of Accountancy; District 45)
- Enter your position title. (Examples: Director; Chief Counsel; City Council Member; Staff Services Analyst)
- If you hold multiple positions (i.e., a city council member who also is a member of a county board or commission), you may be required to file statements with each agency. To simplify your filing obligations, you may complete an expanded statement.

To do this, enter the name of the other agency(ies) with which you are required to file and your position title(s) in the space provided. Attach an additional sheet if necessary. Complete one statement covering the disclosure requirements for all positions. Each copy must contain an original signature. Therefore, before signing the statement, make a copy for each agency. Sign each copy with an original signature and file with each agency.

Example:

Scott Baker is a city council member for the City of Lincoln and a board member for the Camp Far West Irrigation District – a multi-county agency that covers Placer and Yuba counties. Scott will complete one Form 700 using full disclosure (as required for the city position) and covering interests in both Placer and Yuba counties (as required for the multi-county position) and list both positions on the Cover Page. Before signing the statement, Scott will make a copy and sign both statements. One statement will be filed with City of Lincoln and the other will be filed with Camp Far West Irrigation District. Both will contain an original signature.

Remember that if you assume or leave a position after a filing deadline, you must complete a separate statement. For example, a city council member who assumes a position with a county special district after the April 2 annual filing deadline must file a separate assuming office statement. In subsequent years, the city council member may expand his or her annual filing to include both positions.

Part 2. Jurisdiction of Office

- Check the box indicating the jurisdiction of your agency and, if applicable, identify the jurisdiction. Judges, judicial candidates, and court commissioners have statewide jurisdiction. All other filers should review the Reference Pamphlet, page 13, to determine their jurisdiction.
- If your agency is a multi-county office, list each county in which your agency has jurisdiction.

- If your agency is not a state office, court, county office, city office, or multi-county office (e.g., school districts, special districts and JPAs), check the "other" box and enter the county or city in which the agency has jurisdiction.

Example:

This filer is a member of a water district board with jurisdiction in portions of Yuba and Sutter Counties.

1. Office, Agency, or Court	
Agency name South Sutter Water District	
Division, Board, Department, District, if applicable	Your Position Board Member
► If filing for multiple positions, list below or on an attachment.	
Agency: _____	Position: _____
2. Jurisdiction of Office (check at least one box)	
<input type="checkbox"/> State	<input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction)
<input type="checkbox"/> Multi-County _____	<input type="checkbox"/> County of _____
<input type="checkbox"/> City of _____	<input checked="" type="checkbox"/> Other: Portions of Yuba & Sutter Counties

Part 3. Type of Statement

Check at least one box. The period covered by a statement is determined by the type of statement you are filing. If you are completing a 2012 annual statement, **do not** change the pre-printed dates to reflect 2013. Your annual statement is used for reporting the previous year's economic interests. Economic interests for your annual filing covering January 1, 2013, through December 31, 2013, will be disclosed on your statement filed in 2014. See Reference Pamphlet, page 4.

Combining Statements: Certain types of statements may be combined. For example, if you leave office after January 1, but before the deadline for filing your annual statement, you may combine your annual and leaving office statements. File by the earliest deadline. Consult your filing officer or the FPPC.

Part 4. Schedule Summary

- Enter the total number of completed pages including the cover page and either:
Check the box for each schedule you use to disclose interests;

- or -

if you have nothing to disclose on any schedule, check the "No reportable interests" box. Please **do not** attach any blank schedules.

Part 5. Verification

Complete the verification by signing the statement and entering the date signed. All statements must have an original "wet" signature or be duly authorized by your filing officer to file electronically under Government Code Section 87500.2. Instructions, examples, FAQs, and a reference pamphlet are available to help answer your questions. **When you sign your statement, you are stating, under penalty of perjury, that it is true and correct.** Only the filer has authority to sign the statement. An unsigned statement is not considered filed and you may be subject to late filing penalties.

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

1. Office, Agency, or Court

Agency Name _____
Division, Board, Department, District, if applicable _____ Your Position _____

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of _____ Other _____

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

Annual: The period covered is January 1, 2012, through December 31, 2012.
-or-
The period covered is ____/____/____, through December 31, 2012.
 Assuming Office: Date assumed ____/____/____
 Leaving Office: Date Left ____/____/____
(Check one)
 The period covered is January 1, 2012, through the date of leaving office.
 The period covered is ____/____/____, through the date of leaving office.
 Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None." **► Total number of pages including this cover page: _____**

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

-or-
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER () E-MAIL ADDRESS (OPTIONAL)

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 _____ Signature _____
(month, day, year) (File the originally signed statement with your filing official.)

Which Schedule Do I Use?

Common Reportable Interests

Schedule A-1:	Stocks, including those held in an IRA or a 401K
Schedule A-2:	Business entities (including certain independent contracting), sole proprietorships, partnerships, LLCs, corporations, and trusts
Schedule B:	Rental property in the jurisdiction
Schedule C:	Non-governmental salaries of public official and spouse/registered domestic partner
Schedule D:	Gifts from non-family members (such as tickets to sporting or entertainment events)
Schedule E:	Travel payments from third parties (not your employer)

Common Non-Reportable Interests

Schedule A-1/A-2:	Insurance policies, government bonds, diversified mutual funds, certain funds similar to diversified mutual funds (such as exchange traded funds) and investments held in certain retirement accounts. See Reference Pamphlet, page 12, for detailed information. (Regulation 18237)
Schedule A-1/A-2:	Savings and checking accounts and annuities
Schedule B:	A residence used exclusively as a personal residence (such as a home or vacation cabin)
Schedule C:	Governmental salary (such as a school district)
Schedule D:	Gifts from family members
Schedule E:	Travel paid by your government agency

Remember:

- ✓ Mark the “No reportable interests” box on Part 4 of the Schedule Summary on the Cover Page if you determine you have nothing to disclose and file the Cover Page only. **Make sure you carefully read all instructions to ensure proper reporting.**
- ✓ The Form 700 is a public document.
- ✓ **Most individuals must consult their agency’s conflict-of-interest code for reportable interests.**
- ✓ Most individuals file the Form 700 with their agencies.

Questions and Answers

General

- Q. What is the reporting period for disclosing interests on an assuming office statement or a candidate statement?
- A. On an assuming office statement, disclose all reportable investments, interests in real property, and business positions held on the date you assumed office. In addition, you must disclose income (including loans, gifts and travel payments) received during the 12 months prior to the date you assumed office.

On a candidate statement, disclose all reportable investments, interests in real property, and business positions held on the date you file your declaration of candidacy. You must also disclose income (including loans, gifts and travel payments) received during the 12 months prior to the date you file your declaration of candidacy.

- Q. I hold two other board positions in addition to my position with the county. Must I file three statements of economic interests?
- A. Yes, three are required. However, you may complete one statement listing the county and the two boards on the Cover Page or an attachment as the agencies for which you will be filing. Report your economic interests using the largest jurisdiction and highest disclosure requirements assigned to you by the three agencies. Make two copies of the entire statement **before signing it**, sign each copy with an original signature, and distribute one original to the county and to each of the two boards. **Remember to complete separate statements for positions that you leave or assume during the year.**
- Q. I am a department head who recently began acting as city manager. Should I file as the city manager?
- A. Yes. File an assuming office statement as city manager. Persons serving as “acting,” “interim,” or “alternate” must file as if they hold the position because they are or may be performing the duties of the position.
- Q. As a designated employee, I left one state agency to work for another state agency. Must I file a leaving office statement?
- A. Yes. You may also need to file an assuming office statement for the new agency.

Investment Disclosure

- Q. I have an investment interest in shares of stock in a company that does not have an office in my jurisdiction. Must I still disclose my investment interest in this company?
- A. Probably. The definition of “doing business in the jurisdiction” is not limited to whether the business has an office or physical location in your jurisdiction. See Reference Pamphlet, page 13.
- Q. My spouse and I have a living trust. The trust holds rental property in my jurisdiction, our primary residence, and investments in diversified mutual funds. I have full disclosure. How is this trust disclosed?
- A. Disclose the name of the trust, the rental property and its income on Schedule A-2. Your primary residence and investments in diversified mutual funds registered with the SEC are not reportable.
- Q. I am required to report all investments. I have an IRA that contains stocks through an account managed by a brokerage firm. Must I disclose these stocks even though they are held in an IRA and I did not decide which stocks to purchase?
- A. Yes. Disclose on Schedule A-1 or A-2 any stock worth \$2,000 or more in a business entity located in or doing business in your jurisdiction.
- Q. I own stock in IBM and must report this investment on Schedule A-1. I initially purchased this stock in the early 1990s; however, I am constantly buying and selling shares. Must I note these dates in the “Acquired” and “Disposed” fields?
- A. No. You must only report dates in the “Acquired” or “Disposed” fields when, during the reporting period, you initially purchase a reportable investment worth \$2,000 or more or when you dispose of the entire investment. You are not required to track the partial trading of an investment.
- Q. On last year’s filing I reported stock in Encoe valued at \$2,000 - \$10,000. Late last year the value of this stock fell below and remains at less than \$2,000. How should this be reported on this year’s statement?
- A. You are not required to report an investment if the value was less than \$2,000 during the **entire** reporting

Questions and Answers Continued

period. However, because a disposed date is not required for stocks that fall below \$2,000, you may want to report the stock and note in the “comments” section that the value fell below \$2,000. This would be for informational purposes only; it is not a requirement.

Income Disclosure

- Q. I reported a business entity on Schedule A-2. Clients of my business are located in several states. Must I report all clients from whom my pro rata share of income is \$10,000 or more on Schedule A-2, Part 3?
- A. No, only the clients doing business on a regular basis in your jurisdiction must be disclosed.
- Q. I believe I am not required to disclose the names of clients from whom my pro rata share of income is \$10,000 or more on Schedule A-2 because of their right to privacy. Is there an exception for reporting clients’ names?
- A. Regulation 18740 provides a procedure for requesting an exemption to allow a client’s name not to be disclosed if disclosure of the name would violate a legally recognized privilege under California law. This regulation may be obtained from our website at www.fppc.ca.gov. See Reference Pamphlet, page 14.
- Q. I am sole owner of a private law practice that is not reportable based on my limited disclosure category. However, some of the sources of income to my law practice are from reportable sources. Do I have to disclose this income?
- A. Yes, even though the law practice is not reportable, reportable sources of income to the law practice of \$10,000 or more must be disclosed. This information would be disclosed on Schedule C with a note in the “comments” section indicating that the business entity is not a reportable investment. The note would be for informational purposes only; it is not a requirement.
- Q. I am the sole owner of my business. Where do I disclose my income - on Schedule A-2 or Schedule C?
- A. Sources of income to a business in which you have an ownership interest of 10% or greater are disclosed on Schedule A-2. See Reference Pamphlet, page 8, for the definition of “business entity.”

- Q. How do I disclose my spouse’s or registered domestic partner’s salary?
- A. Report the name of the employer as a source of income on Schedule C.
- Q. I am a doctor. For purposes of reporting \$10,000 sources of income on Schedule A-2, Part 3, are the patients or their insurance carriers considered sources of income?
- A. If your patients exercise sufficient control by selecting you instead of other doctors, then your patients, rather than their insurance carriers, are sources of income to you. See Reference Pamphlet, page 14, for additional information.
- Q. I received a loan from my grandfather to purchase my home. Is this loan reportable?
- A. No. Loans received from family members are not reportable.
- Q. I am running for re-election to city council and made a personal loan to my campaign committee. Is this reportable on my Form 700?
- A. No, the loan is not reportable on Form 700; however, repayments are. Loan repayments from a campaign committee are reported on Schedule C as income.

Real Property Disclosure

- Q. During this reporting period we switched our principal place of residence into a rental. I have full disclosure and the property is located in my agency’s jurisdiction, so it is now reportable. Because I have not reported this property before, do I need to show an “acquired” date?
- A. No, you are not required to show an “acquired” date because you previously owned the property. However, you may want to note in the “comments” section that the property was not previously reported because it was used exclusively as your residence. This would be for informational purposes only; it is not a requirement.
- Q. My daughter is buying her first home and I am the co-signer on the loan. I won’t occupy the home, but my daughter will. The home is located in my agency’s jurisdiction. Must I report this property?

Questions and Answers Continued

A. No. Property occupied by a family member is not reportable as long as you are not receiving rental income or using the property for business purposes.

Gift Disclosure

Q. If I received a gift of two tickets to a concert valued at \$100 each, but gave the tickets to a friend because I could not attend the concert, do I have any reporting obligations?

A. Yes. Since you accepted the gift and exercised discretion and control of the use of the tickets, you must disclose the gift on Schedule D.

Q. Mary and Joe Benson, a married couple, want to give a piece of artwork to a close friend who is a county supervisor. Is each spouse considered a separate source for purposes of the gift limit and disclosure?

A. Yes, each spouse may make a gift valued at the gift limit during a calendar year. For example, during 2012 when the gift limit was \$420, the Bensons may have given the supervisor artwork valued at no more than \$840. The supervisor must identify Joe and Mary Benson as the sources of the gift.

Q. I am a Form 700 filer with full disclosure. Our agency holds a holiday raffle to raise funds for a local charity. I bought \$10 worth of raffle tickets and won a gift basket valued at \$120. The gift basket was donated by Doug Brewer, a citizen in our city. At the same event, I bought raffle tickets for, and won a quilt valued at \$70. The quilt was donated by a coworker. Are these reportable gifts?

A. Because the gift basket was donated by an outside source (not an agency employee), you have received a reportable gift valued at \$110 (the value of the basket less the consideration paid). The source of the gift is Doug Brewer and the agency is disclosed as the intermediary. Because the quilt was donated by an employee of your agency, it is not a reportable gift.

Q. My agency is responsible for disbursing grants. An applicant (501(c)(3) organization) met with agency employees to present its application. At this meeting, the applicant provided food and beverages. Would the food and beverages be considered gifts to the employees? These employees are designated in our agency's conflict-of-interest code and the applicant is a reportable source of income under the code.

A. Yes. If the value of the food and beverages consumed by any one filer, plus any other gifts received from the same source during the reporting period total \$50 or more, the food and beverages would be reported using the fair market value and would be subject to the gift limit.

Instructions – Schedules A-1 and A-2 Investments

“Investment” means a financial interest in any business entity that is located in, doing business in, planning to do business in, or that has done business during the previous two years in your agency’s jurisdiction in which you, your spouse or registered domestic partner, or your dependent children had a direct, indirect, or beneficial interest totaling \$2,000 or more at any time during the reporting period. See Reference Pamphlet, page 13.

Reportable investments include:

- Stocks, bonds, warrants, and options, including those held in margin or brokerage accounts and managed investment funds (See Reference Pamphlet, page 13.)
- Sole proprietorships
- Your own business or your spouse’s or registered domestic partner’s business (See Reference Pamphlet, page 8, for the definition of “business entity.”)
- Your spouse’s or registered domestic partner’s investments that are legally separate property
- Partnerships (e.g., a law firm or family farm)
- Investments in reportable business entities held in a retirement account (See Reference Pamphlet, page 15.)
- If you, your spouse or registered domestic partner, and dependent children together had a 10% or greater ownership interest in a business entity or trust (including a living trust), you must disclose investments held by the business entity or trust. See Reference Pamphlet, page 15, for more information on disclosing trusts.
- Business trusts

You are not required to disclose:

- Insurance policies, government bonds, diversified mutual funds, certain funds similar to diversified mutual funds (such as exchange traded funds) and investments held in certain retirement accounts. See Reference Pamphlet, page 12, for detailed information. (Regulation 18237)
- Bank accounts, savings accounts, money market accounts and certificates of deposits
- Insurance policies
- Annuities
- Commodities
- Shares in a credit union
- Government bonds (including municipal bonds)

Reminders

- Do you know your agency’s jurisdiction?
- Did you hold investments at any time during the period covered by this statement?
- Code filers – your disclosure categories may only require disclosure of specific investments.

- Retirement accounts invested in non-reportable interests (e.g., insurance policies, diversified mutual funds, or government bonds) (See Reference Pamphlet, page 15.)
- Government defined-benefit pension plans (such as CalPERS and CalSTRS plans)
- Interests held in a blind trust (See Reference Pamphlet, page 16.)

Use Schedule A-1 to report ownership of less than 10% (e.g., stock). Schedule C (Income) may also be required if the investment is not a stock or corporate bond. See second example below.

Use Schedule A-2 to report ownership of 10% or greater (e.g., a sole proprietorship).

To Complete Schedule A-1:

Do not attach brokerage or financial statements.

- Disclose the name of the business entity.
- Provide a general description of the business activity of the entity (e.g., pharmaceuticals, computers, automobile manufacturing, or communications).
- Check the box indicating the highest fair market value of your investment during the reporting period. If you are filing a candidate or an assuming office statement, indicate the fair market value on the filing date or the date you took office, respectively.
- Identify the nature of your investment (e.g., stocks, warrants, options, or bonds).
- An acquired or disposed of date is only required if you initially acquired or entirely disposed of the investment interest during the reporting period. The date of a stock dividend reinvestment or partial disposal is not required. Generally, these dates will not apply if you are filing a candidate or an assuming office statement.

Examples:

John Smith holds a state agency position. His conflict-of-interest code requires full disclosure of investments. John must disclose his stock holdings of \$2,000 or more in any company that does business in California, as well as those stocks held by his spouse or registered domestic partner and dependent children.

Susan Jones is a city council member. She has a 4% interest, worth \$5,000, in a limited partnership located in the city. Susan must disclose the partnership on Schedule A-1 and income of \$500 or more received from the partnership on Schedule C.

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name _____

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

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:

____/____/12 ____/____/12
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

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:

____/____/12 ____/____/12
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

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:

____/____/12 ____/____/12
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

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:

____/____/12 ____/____/12
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

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:

____/____/12 ____/____/12
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

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:

____/____/12 ____/____/12
ACQUIRED DISPOSED

Comments: _____

Instructions – Schedule A-2

Investments, Income, and Assets of Business Entities/Trusts

Use Schedule A-2 to report investments in a business entity or trust (including a living trust) in which you, your spouse or registered domestic partner, and your dependent children together had a 10% or greater interest, totaling \$2,000 or more, during the reporting period and which is located in, doing business in, planning to do business in, or which has done business during the previous two years in your agency's jurisdiction. See Reference Pamphlet, page 13. A trust located outside your agency's jurisdiction is reportable if it holds assets that are located in or doing business in the jurisdiction. Do not report a trust that contains non-reportable interests. For example, a trust containing only your personal residence not used in whole or in part as a business, your savings account, and some municipal bonds, is not reportable.

Also report on Schedule A-2 investments and real property held by that entity or trust if your pro rata share of the investment or real property interest was \$2,000 or more during the reporting period.

To Complete Schedule A-2:

Part 1. Disclose the name and address of the business entity or trust. If you are reporting an interest in a business entity, check "Business Entity" and complete the box as follows:

- Provide a general description of the business activity of the entity.
- Check the box indicating the highest fair market value of your investment during the reporting period.
- If you initially acquired or entirely disposed of this interest during the reporting period, enter the date acquired or disposed.
- Identify the nature of your investment.
- Disclose the job title or business position you held with the entity, if any (i.e., if you were a director, officer, partner, trustee, employee, or held any position of management). A business position held by your spouse is not reportable.

Part 2. Check the box indicating **your pro rata** share of the **gross** income received **by** the business entity or trust. This amount includes your pro rata share of the **gross** income **from** the business entity or trust, as well as your community property interest in your spouse's or registered domestic partner's share. Gross income is the total amount of income before deducting expenses, losses, or taxes.

Part 3. Disclose the name of each source of income that is located in, doing business in, planning to do business in, or that has done business during the previous two years in your agency's jurisdiction, as follows:

- Disclose each source of income and outstanding loan **to the business entity or trust** identified in Part 1 if your pro rata share of the **gross** income (including your community property interest in your spouse's or registered

domestic partner's share) to the business entity or trust from that source was \$10,000 or more during the reporting period. See Reference Pamphlet, page 11, for examples. Income from governmental sources may be reportable if not considered salary. See Regulation 18232. Loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status are not reportable.

- Disclose each individual or entity that was a source of commission income of \$10,000 or more during the reporting period through the business entity identified in Part 1. See Reference Pamphlet, page 8, for an explanation of commission income.

You may be required to disclose sources of income located outside your jurisdiction. For example, you may have a client who resides outside your jurisdiction who does business on a regular basis with you. Such a client, if a reportable source of \$10,000 or more, must be disclosed.

Mark "None" if you do not have any reportable \$10,000 sources of income to disclose. Adding phrases such as "various clients" or "not disclosing sources pursuant to attorney-client privilege" may trigger a request for an amendment to your statement. See Reference Pamphlet, page 14, for details about requesting an exemption from disclosing privileged information.

Part 4. Report any investments or interests in real property held or leased **by the entity or trust** identified in Part 1 if your pro rata share of the interest held was \$2,000 or more during the reporting period. Attach additional schedules or use FPPC's Form 700 Excel spreadsheet if needed.

- Check the applicable box identifying the interest held as real property or an investment.
- If investment, provide the name and description of the business entity.
- If real property, report the precise location (e.g., an assessor's parcel number or address).
- Check the box indicating the highest fair market value of your interest in the real property or investment during the reporting period. (Report the fair market value of the portion of your residence claimed as a tax deduction if you are utilizing your residence for business purposes.)
- Identify the nature of your interest.
- Enter the date acquired or disposed only if you initially acquired or entirely disposed of your interest in the property or investment during the reporting period.

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

▶ 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 BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999			
<input type="checkbox"/> \$2,000 - \$10,000	____/____/12	ACQUIRED	____/____/12
<input type="checkbox"/> \$10,001 - \$100,000		DISPOSED	
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 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 BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999			
<input type="checkbox"/> \$2,000 - \$10,000	____/____/12	ACQUIRED	____/____/12
<input type="checkbox"/> \$10,001 - \$100,000		DISPOSED	
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			

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)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None

▶ 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 IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000			
<input type="checkbox"/> \$10,001 - \$100,000	____/____/12	ACQUIRED	____/____/12
<input type="checkbox"/> \$100,001 - \$1,000,000		DISPOSED	
<input type="checkbox"/> Over \$1,000,000			

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

▶ 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 IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000			
<input type="checkbox"/> \$10,001 - \$100,000	____/____/12	ACQUIRED	____/____/12
<input type="checkbox"/> \$100,001 - \$1,000,000		DISPOSED	
<input type="checkbox"/> Over \$1,000,000			

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: _____

Instructions – Schedule B Interests in Real Property

Report interests in real property located in your agency's jurisdiction in which you, your spouse or registered domestic partner, or your dependent children had a direct, indirect, or beneficial interest totaling \$2,000 or more any time during the reporting period. See Reference Pamphlet, page 13.

Interests in real property include:

- An ownership interest (including a beneficial ownership interest)
- A deed of trust, easement, or option to acquire property
- A leasehold interest (See Reference Pamphlet, page 14.)
- A mining lease
- An interest in real property held in a retirement account (See Reference Pamphlet, page 15.)
- An interest in real property held by a business entity or trust in which you, your spouse or registered domestic partner, and your dependent children together had a 10% or greater ownership interest (Report on Schedule A-2.)
- Your spouse's or registered domestic partner's interests in real property that are legally held separately by him or her

You are not required to report:

- A residence, such as a home or vacation cabin, used exclusively as a personal residence (However, a residence in which you rent out a room or for which you claim a business deduction may be reportable. If reportable, report the fair market value of the portion claimed as a tax deduction.)
- Please note: A non-reportable residence can still be grounds for a conflict of interest and may be disqualifying.
- Interests in real property held through a blind trust (See Reference Pamphlet, page 16, for exceptions.)

To Complete Schedule B:

- Report the precise location (e.g., an assessor's parcel number or address) of the real property.
- Check the box indicating the fair market value of your interest in the property (regardless of what you owe on the property).
- Enter the date acquired or disposed only if you initially acquired or entirely disposed of your interest in the property during the reporting period.

Reminders

- Income and loans already reported on Schedule B are not also required to be reported on Schedule C.
- Real property already reported on Schedule A-2, Part 4 are not also required to be reported on Schedule B.
- Code filers – do your disclosure categories require disclosure of real property?

- Identify the nature of your interest. If it is a leasehold, disclose the number of years remaining on the lease.
- If you received rental income, check the box indicating the gross amount you received.
- If you had a 10% or greater interest in real property and received rental income, list the name of the source(s) if your pro rata share of the gross income from any single tenant was \$10,000 or more during the reporting period. If you received a total of \$10,000 or more from two or more tenants acting in concert (in most cases, this will apply to married couples), disclose the name of each tenant. Otherwise, mark "None."
- Loans from a private lender that total \$500 or more and are secured by real property may be reportable. **Loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status are not reportable.**

When reporting a loan:

- Provide the name and address of the lender.
- Describe the lender's business activity.
- Disclose the interest rate and term of the loan. For variable interest rate loans, disclose the conditions of the loan (e.g., Prime + 2) or the average interest rate paid during the reporting period. The term of a loan is the total number of months or years given for repayment of the loan at the time the loan was established.
- Check the box indicating the highest balance of the loan during the reporting period.
- Identify a guarantor, if applicable.

If you have more than one reportable loan on a single piece of real property, report the additional loan(s) on Schedule C.

Example:

Joe Nelson is a city planning commissioner. Joe received rental income of \$12,000 during the reporting period from a single tenant who rented property Joe owned in the city's jurisdiction. If Joe had received the \$12,000 from two or more tenants, the tenants' names would not be required as long as no single tenant paid \$10,000 or more. A married couple would be considered a single tenant.

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 4600 24th Street	
CITY Sacramento, CA 95814	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	<input type="checkbox"/> 12/12
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> ACQUIRED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	<input type="checkbox"/> DISPOSED
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INTEREST	
<input checked="" type="checkbox"/> Ownership/Deed of Trust	<input type="checkbox"/> Easement
<input type="checkbox"/> Leasehold	<input type="checkbox"/> Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	
<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$500 - \$1,000
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$1,001 - \$10,000
<input checked="" type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	
Henry Wells	
NAME OF LENDER*	
Sophia Petroillo	
ADDRESS (Business Address Acceptable)	
2121 Blue Sky Parkway, Sacramento	
BUSINESS ACTIVITY, IF ANY, OF LENDER	
Restaurant Owner	
INTEREST RATE	TERM (Months/Years)
8 % <input type="checkbox"/> None	15 Years
HIGHEST BALANCE DURING REPORTING PERIOD	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input checked="" type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> Guarantor, if applicable	

FPPC Form 700 (2012/2013)

FPPC Advice Email: advice@fppc.ca.gov

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

Instructions – 11

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name _____

▶ **ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS**

CITY _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED _____/_____/12 DISPOSED _____/_____/12

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ **ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS**

CITY _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED _____/_____/12 DISPOSED _____/_____/12

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions 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 _____

INTEREST RATE _____% None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____% None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

Comments: _____

Instructions – Schedule C

Income, Loans, & Business Positions

(Income Other Than Gifts and Travel Payments)

Report the source and amount of gross income of \$500 or more you received during the reporting period. Gross income is the total amount of income before deducting expenses, losses, or taxes and includes loans other than loans from a commercial lending institution. See Reference Pamphlet, page 11. Also report your job title with each reportable business entity, even if you received no income during the reporting period. You must also report the source of income to your spouse or registered domestic partner if your community property share was \$500 or more during the reporting period.

A source of income must be reported only if the source is located in, doing business in, planning to do business in, or has done business during the previous two years in your agency's jurisdiction. See Reference Pamphlet, page 13, for more information about doing business in the jurisdiction. Reportable sources of income may be further limited by your disclosure category located in your agency's conflict-of-interest code.

Commonly reportable income and loans include:

- Salary/wages, per diem, and reimbursement for expenses including travel payments provided by your employer
- Community property interest (50%) in your spouse's or registered domestic partner's income - **report the employer's name and all other required information**
- Income from investment interests, such as partnerships, reported on Schedule A-1
- Commission income not required to be reported on Schedule A-2 (See Reference Pamphlet, page 8.)
- Gross income from any sale, including the sale of a house or car (Report your pro rata share of the total sale price.)
- Rental income not required to be reported on Schedule B
- Prizes or awards not disclosed as gifts
- Payments received on loans you made to others, including loan repayments from a campaign committee (including a candidate's own campaign committee)
- An honorarium received prior to becoming a public official (See Reference Pamphlet, page 10, concerning your ability to receive future honoraria.)
- Incentive compensation (See Reference Pamphlet, page 12.)

Reminders

- Code filers – your disclosure categories may not require disclosure of all sources of income.
- If you or your spouse or registered domestic partner are self-employed, report the business entity on Schedule A-2.
- Do not disclose on Schedule C income, loans, or business positions already reported on Schedules A-2 or B.

You are **not** required to report:

- Salary, reimbursement for expenses or per diem, or social security, disability, or other similar benefit payments received by you or your spouse or registered domestic partner from a federal, state, or local government agency.

See Reference Pamphlet, page 11, for more exceptions to income reporting.

To Complete Schedule C:

Part 1. Income Received/Business Position Disclosure

- Disclose the name and address of each source of income or each business entity with which you held a business position.
- Provide a general description of the business activity if the source is a business entity.
- Check the box indicating the amount of gross income received.
- Identify the consideration for which the income was received.
- For income from commission sales, check the box indicating the gross income received and list the name of each source of commission income of \$10,000 or more. See Reference Pamphlet, page 8. **Note: If you receive commission income on a regular basis or have an ownership interest of 10% or more, you must disclose the business entity and the income on Schedule A-2.**
- Disclose the job title or business position, if any, that you held with the business entity, even if you did not receive income during the reporting period.

Part 2. Loans Received or Outstanding During the Reporting Period

- Provide the name and address of the lender.
- Provide a general description of the business activity if the lender is a business entity.
- Check the box indicating the highest balance of the loan during the reporting period.
- Disclose the interest rate and the term of the loan.
 - For variable interest rate loans, disclose the conditions of the loan (e.g., Prime + 2) or the average interest rate paid during the reporting period.
 - The term of the loan is the total number of months or years given for repayment of the loan at the time the loan was entered into.
- Identify the security, if any, for the loan.

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name _____

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME _____ ADDRESS <i>(Business Address Acceptable)</i> _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ YOUR BUSINESS POSITION _____ GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, <i>list each source of \$10,000 or more</i> _____ <input type="checkbox"/> Other _____ <i>(Describe)</i>	NAME OF SOURCE OF INCOME _____ ADDRESS <i>(Business Address Acceptable)</i> _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ YOUR BUSINESS POSITION _____ GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, <i>list each source of \$10,000 or more</i> _____ <input type="checkbox"/> Other _____ <i>(Describe)</i>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, 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 <i>(Business Address Acceptable)</i> _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____ % <input type="checkbox"/> None TERM (Months/Years) _____ SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <i>Street address</i> _____ <i>City</i> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <i>(Describe)</i>
--	---

Comments: _____

Instructions – Schedule D Income – Gifts

A gift is anything of value for which you have not provided equal or greater consideration to the donor. A gift is reportable if its fair market value is \$50 or more. In addition, multiple gifts totaling \$50 or more received during the reporting period from a single source must be reported.

It is the acceptance of a gift, not the ultimate use to which it is put, that imposes your reporting obligation. Except as noted below, you must report a gift even if you never used it or if you gave it away to another person.

If the exact amount of a gift is unknown, you must make a good faith estimate of the item's fair market value. Listing the value of a gift as "over \$50" or "value unknown" is not adequate disclosure. In addition, if you received a gift through an intermediary, you must disclose the name, address, and business activity of both the donor and the intermediary.

Commonly reportable gifts include:

- Tickets/passes to sporting or entertainment events
- Tickets/passes to amusement parks
- Parking passes
- Food, beverages, and accommodations, including those provided in direct connection with your attendance at a convention, conference, meeting, social event, meal, or like gathering
- Rebates/discounts not made in the regular course of business to members of the public without regard to official status
- Wedding gifts (See Reference Pamphlet, page 16)
- An honorarium received prior to assuming office (You may report an honorarium as income on Schedule C, rather than as a gift on Schedule D, if you provided services of equal or greater value than the payment received. See Reference Pamphlet, page 10, regarding your ability to receive future honoraria.)
- Transportation and lodging (See Schedule E.)
- Forgiveness of a loan received by you

You are **not** required to disclose:

- Gifts that were not used and that, within 30 days after receipt, were returned to the donor or delivered to a

Reminders

- Gifts from a single source are subject to a \$420 limit during 2012. See Reference Pamphlet, page 10.
- Code filers – you only need to report gifts from reportable sources.

charitable organization without being claimed by you as a charitable contribution for tax purposes

- Gifts from your spouse or registered domestic partner, child, parent, grandparent, grandchild, brother, sister, and certain other family members (See Regulation 18942 for a complete list.). The exception does not apply if the donor was acting as an agent or intermediary for a reportable source who was the true donor.
- Gifts of similar value exchanged between you and an individual, other than a lobbyist, on holidays, birthdays, or similar occasions
- Gifts of informational material provided to assist you in the performance of your official duties (e.g., books, pamphlets, reports, calendars, periodicals, or educational seminars)
- A monetary bequest or inheritance (However, inherited investments or real property may be reportable on other schedules.)
- Personalized plaques or trophies with an individual value of less than \$250
- Campaign contributions
- Gifts given to members of your immediate family if the source has an established relationship with the family member and there is no evidence to suggest the donor had a purpose to influence you. (See Regulation 18943.)
- The cost of food, beverages, and necessary accommodations provided directly in connection with an event at which you gave a speech, participated in a panel or seminar, or provided a similar service but only if the cost is paid for by a federal, state, or local government agency. **This exception does not apply to a state or local elected officer, as defined in Section 82020, or an official specified in Section 87200.**
- Any other payment not identified above, that would otherwise meet the definition of gift, where the payment is made by an individual who is not a lobbyist registered to lobby the official's agency, where it is clear that the gift was made because of an existing personal or business relationship unrelated to the official's position and there is no evidence whatsoever at the time the gift is made to suggest the donor had a purpose to influence you.

To Complete Schedule D:

- Disclose the full name (not an acronym), address, and, if a business entity, the business activity of the source.
- Provide the date (month, day, and year) of receipt, and disclose the fair market value and description of the gift.

FPPC Form 700 (2012/2013)

FPPC Advice Email: advice@fppc.ca.gov

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

Instructions – 15

SCHEDULE D Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

Instructions – Schedule E Travel Payments, Advances, and Reimbursements

Travel payments reportable on Schedule E include advances and reimbursements for travel and related expenses, including lodging and meals.

Gifts of travel may be subject to the gift limit. In addition, certain travel payments are reportable gifts, but are not subject to the gift limit. To avoid possible misinterpretation or the perception that you have received a gift in excess of the gift limit, you may wish to provide a specific description of the purpose of your travel. See the FPPC fact sheet entitled "Limitations and Restrictions on Gifts, Honoraria, Travel, and Loans" at www.fppc.ca.gov.

You are **not** required to disclose:

- Travel payments received from any state, local, or federal government agency for which you provided services equal or greater in value than the payments received
- Travel payments received from your employer in the normal course of your employment that are included in the income reported on Schedule C
- Payments for admission to an event at which you make a speech, participate on a panel, or make a substantive formal presentation, transportation, and necessary lodging, food, or beverages, and nominal non-cash benefits provided to you in connection with the event so long as both the following apply:
 - The speech is for official agency business and you are representing your government agency in the course and scope of your official duties.
 - The payment is a lawful expenditure **made only by a federal, state, or local government agency** for purposes related to conducting that agency's official business.

Note: This exception does not apply to a state or local elected officer, as defined in Section 82020, or an official specified in Section 87200.

- A travel payment that was received from a non-profit entity exempt from taxation under Internal Revenue Code Section 501(c)(3) for which you provided equal or greater consideration

To Complete Schedule E:

- Disclose the full name (not an acronym) and address of the source of the travel payment.
- Identify the business activity if the source is a business entity.
- Check the box to identify the payment as a gift or income, report the amount, and disclose the date(s).

-- **Travel payments are gifts** if you did not provide services that were equal to or greater in value than the payments received. You must disclose gifts totaling \$50 or more from a single source during the period covered by the statement.

When reporting travel payments that are gifts, you must provide a description of the gift and the **date(s)** received.

-- **Travel payments are income** if you provided services that were equal to or greater in value than the payments received. You must disclose income totaling \$500 or more from a single source during the period covered by the statement. You have the burden of proving the payments are income rather than gifts.

When reporting travel payments as income, you must describe the services you provided in exchange for the payment. You are not required to disclose the date(s) for travel payments that are income.

Example:

City council member Rick Chandler is the chairman of a trade association and the association pays for Rick's travel to attend its meetings. Because Rick is deemed to be providing equal or greater consideration for the travel payment by virtue of serving on the board, this payment may be reported as income. Payments for Rick to attend other events for which Rick is not providing services are likely considered gifts.

▶ NAME OF SOURCE	
Health Services Trade Association	
ADDRESS (Business Address Acceptable)	
1230 K Street, Ste. 610	
CITY AND STATE	
Sacramento, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
Association of Healthcare Workers	
DATE(S):	AMT: \$ 588.00
(If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: Travel reimbursement for board meeting	

Name _____

SCHEDULE E

Income – Gifts

Travel Payments, Advances, and Reimbursements

- You must 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 \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____

(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____

(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____

(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____

(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

Comments: _____