DECLARATION OF CANDIDACY

Raisin City Water District General Election
(Elections Code section 10511)

I, _____, do hereby declare myself as a candidate for election to the office of Director of Raisin City Water District, of the County of Sonoma, State of California (___ Initial here if the election in which you are running is for the balance of an unexpired term). I am over the age of 18 years and am a landowner (holder of title to land) in the District or a designated representative of a landowner in the District. If elected, I will qualify and accept the office of Director of Raisin City Water District and serve to the best of my ability. I request my name be placed on the official ballot of the District for the election to be held on November 2 2026 and that my name appear on the ballot as follows:

_____
(Print name above)

My current residence address is _____ and my telephone number is _____. I desire the following occupational designation to appear on the ballot under my name:

_____
(Print desired designation, if any, above)

This occupational designation is true and in conformance with the requirements of Section 13107 of the Elections Code.

I am aware that any person who files or submits for filing a declaration of candidacy knowing that it or any part of it has been made falsely is punishable by a fine or imprisonment, or both, as set forth in Section 18203 of the Elections Code.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____, 2026 at _____, California.

_____
Signature of Candidate

For District Official Use Only	Filed _____, 2026 Laurie Sales, Election Official By_____

OATH OF ALLEGIANCE

(Code of Civil Procedure section 2015.6)
(Elections Code sections 200, 10512)

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

And I do further swear (or affirm) that I do not advocate, nor am I a member of any party or organization, political or otherwise, that now advocates the overthrow of the Government of the United States or of the State of California by force or violence or other unlawful means; that within the five years immediately preceding the taking of this oath (or affirmation) I have not been a member of any party or organization, political or otherwise, that advocated the overthrow of the Government of the United States or of the State of California by force or violence or other unlawful means except as follows: _____
(If no affiliations, write "No Exceptions") and that during the time I hold the office of Director of the Raisin City Water District, I will not advocate for or become a member of any party or organization, political or otherwise, that advocates the overthrow of the Government of the United States or of the State of California by force, violence, or other unlawful means.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____ _____

(Date) (Signature)

FOR DISTRICT USE ONLY

I have examined this declaration pursuant to California Elections Code section 10513 and hereby certify that it is sufficient.

_____

Laurie Sales, Election Official

CANDIDATE'S STATEMENT

As a candidate for Director of the Raisin City Water District at the general district election to be held November 3, 2026

NOTICE TO CANDIDATE: This statement may include your name, age, occupation and a brief description of not more than 200 words of your education and qualifications expressed by yourself. This statement shall not in any way make reference to other candidates' qualifications, character, or activities and shall not include the party affiliation of the candidate, nor membership or activity in partisan political organizations. All statements will be printed in a style determined by the governing body conducting the election. Please type, in upper and lower case. YOUR STATEMENT WILL BE PRINTED EXACTLY AS SUBMITTED BY YOU: Check carefully for errors in spelling, punctuation and grammar before filing.

NAME_____

AGE: _____

Occupation: _____
(Optional) (May be more descriptive than what will appear on ballot)

Education and Qualifications: _____

_____

_____

(Statement starts here - please type)

_____

_____

_____

_____

_____

_____

_____

_____

_____

If additional space is required, attach a supplemental sheet. If a supplemental sheet is used, please sign the supplemental sheet at the bottom.

(____) I wish to have my statement translated and printed in Spanish in addition to English with the understanding that I will pay the actual cost incurred.

Initial one of the following:

(____) Pursuant to Elections Code section 13307, I understand that the cost of this statement is the responsibility of the candidate. The estimated cost of printing and mailing the foregoing statement is $500.00. I will pay for the prorated cost of such statement at such time as instructed by the officer conducting the election.

(____) I am indigent and unable to pay for my prorated costs in advance and attached is a financial statement pursuant to Elections Code section 13309 and a release authorizing you to obtain a copy of my most recent federal income tax form. I certify under penalty of perjury under the laws of the State of California the financial statement is true and correct.

Dated_____

_____
(Signature of Candidate)

_____

_____
(Address of Candidate)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Raisin City Water District

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: _____ Position: _____

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

State

Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem 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, 2025, through December 31, 2025.

-or-

The period covered is _____/_____/_____, through December 31, 2025.

Assuming Office: Date assumed _____/_____/_____

Leaving Office: Date Left _____/_____/_____
(Check one circle below.)

The period covered is January 1, 2025, through the date of leaving office.

-or-

The period covered is _____/_____/_____, through the date of leaving office.

X **Candidate:** Date of Election 11/3/2026 and office sought, if different than Part 1: _____

4. Schedule Summary (required)

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

Schedules attached

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

Attachment 700-P - *Prospective Employment (87200 Filers Only)* – 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
( )

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _____
(month, day, year)

Signature _____
(File the originally signed paper statement with your filing official.)

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

IF APPLICABLE, LIST DATE:

___/___/**25**　___/___/**25**
ACQUIRED　DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

IF APPLICABLE, LIST DATE:

___/___/**25**　___/___/**25**
ACQUIRED　DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

IF APPLICABLE, LIST DATE:

___/___/**25**　___/___/**25**
ACQUIRED　DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

IF APPLICABLE, LIST DATE:

___/___/**25**　___/___/**25**
ACQUIRED　DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

IF APPLICABLE, LIST DATE:

___/___/**25**　___/___/**25**
ACQUIRED　DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

IF APPLICABLE, LIST DATE:

___/___/**25**　___/___/**25**
ACQUIRED　DISPOSED

Comments: ________

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS

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

IF APPLICABLE, LIST DATE:
___/___/25 ACQUIRED ___/___/25 DISPOSED

NATURE OF INVESTMENT
Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

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

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

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

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

IF APPLICABLE, LIST DATE:
___/___/25 ACQUIRED ___/___/25 DISPOSED

NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership
Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS

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

IF APPLICABLE, LIST DATE:
___/___/25 ACQUIRED ___/___/25 DISPOSED

NATURE OF INVESTMENT
Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

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

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

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

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

IF APPLICABLE, LIST DATE:
___/___/25 ACQUIRED ___/___/25 DISPOSED

NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership
Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

IF APPLICABLE, LIST DATE:
__/__/25 ACQUIRED __/__/25 DISPOSED

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

IF APPLICABLE, LIST DATE:
__/__/25 ACQUIRED __/__/25 DISPOSED

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 a commercial lending institution 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: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

_____

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

_____

ADDRESS *(Business Address Acceptable)*

_____

BUSINESS ACTIVITY, IF ANY, OF SOURCE

_____

YOUR BUSINESS POSITION

_____

GROSS INCOME RECEIVED

$500 - $1,000 | No Income - Business Position Only
$1,001 - $10,000
$10,001 - $100,000 | OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary — Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____ *(Real property, car, boat, etc.)*

Loan repayment

Commission or — Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

Other _____ *(Describe)*

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

_____

ADDRESS *(Business Address Acceptable)*

_____

BUSINESS ACTIVITY, IF ANY, OF SOURCE

_____

YOUR BUSINESS POSITION

_____

GROSS INCOME RECEIVED

$500 - $1,000 | No Income - Business Position Only
$1,001 - $10,000
$10,001 - $100,000 | OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary — Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____ *(Real property, car, boat, etc.)*

☐ Loan repayment

☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

☐ Other _____ *(Describe)*

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

_____

ADDRESS *(Business Address Acceptable)*

_____

BUSINESS ACTIVITY, IF ANY, OF LENDER

_____

HIGHEST BALANCE DURING REPORTING PERIOD

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

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

_____

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____ *Street address*

_____ *City*

☐ Guarantor _____

☐ Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name ______________________

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: ____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name ______________________

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

- **Mark either the gift or income box.**
- **Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.**
- **For gifts of travel, provide the travel destination.**

► NAME OF SOURCE *(Not an Acronym)*

____

ADDRESS *(Business Address Acceptable)*

____

CITY AND STATE

____

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

____

DATE(S): ____/____/____ - ____/____/____ AMT: $__________
(If gift)

► MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description ______________________

► If Gift, Provide Travel Destination ______________________

► NAME OF SOURCE *(Not an Acronym)*

____

ADDRESS *(Business Address Acceptable)*

____

CITY AND STATE

____

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

____

DATE(S): ____/____/____ - ____/____/____ AMT: $__________
(If gift)

► MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description ______________________

► If Gift, Provide Travel Destination ______________________

► NAME OF SOURCE *(Not an Acronym)*

____

ADDRESS *(Business Address Acceptable)*

____

CITY AND STATE

____

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

____

DATE(S): ____/____/____ - ____/____/____ AMT: $__________
(If gift)

► MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description ______________________

► If Gift, Provide Travel Destination ______________________

► NAME OF SOURCE *(Not an Acronym)*

____

ADDRESS *(Business Address Acceptable)*

____

CITY AND STATE

____

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

____

DATE(S): ____/____/____ - ____/____/____ AMT: $__________
(If gift)

► MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description ______________________

► If Gift, Provide Travel Destination ______________________

Comments: ______________________