## SCHEDULE C Income, Loans, & Business Positions

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A M E N D M E N T

(Other than Gifts and Travel Payments)

► 1. INCOME RECEIVED			► 1. INCOME RECEIV	ΈD	
NAME OF SOURCE OF INCOME			NAME OF SOURCE OF INCOME		
ADDRESS (Business Address Acceptable)			ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE			BUSINESS ACTIVITY, IF ANY, OF SOURCE		
YOUR BUSINESS POS	ITION		YOUR BUSINESS P	POSITION	
GROSS INCOME RECE	EIVED No Income - Busine	ss Position Only	GROSS INCOME RE	ECEIVED	No Income - Business Position Only
\$500 - \$1,000	\$1,001 - \$10,000		\$500 - \$1,000		\$1,001 - \$10,000
\$10,001 - \$100,000	OVER \$100,000		\$10,001 - \$100,00	00	OVER \$100,000
CONSIDERATION FOR	WHICH INCOME WAS RECEIV	ED	CONSIDERATION FO	OR WHICH INC	OME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)			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.)			Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)		
Sale of			Sale of		
	(Real property, car, boat, etc.)			(Real pro	operty, car, boat, etc.)
Loan repayment			Loan repayment		
Commission or	Rental Income, list each source of	\$10,000 or more	Commission or	Rental Inco	ome, list each source of \$10,000 or more
	(Describe)				(Describe)
Other			Other		
card transaction, ma	to report loans from a comme de in the lender's regular cours ns and loans received not in a	se of business on te	rms available to member	rs of the public	<u> </u>
WANTE OF ELINDER			INTEREST IVITE		TERM (Months/Tears)
ADDRESS (Business Ad	dress Acceptable)		%	None	
			SECURITY FOR LOA	AN	
BUSINESS ACTIVITY, I	F ANY. OF LENDER		None	Personal re	sidence
,	,		Real Property		
LUCUEST DALANCE D	IDINO DEDODTINO DEDIOD				Street address
	URING REPORTING PERIOD				Cit.
\$500 - \$1,000					City
\$1,001 - \$10,000			Guarantor		
\$10,001 - \$100,000			Other		
OVER \$100,000			Other		(Describe)
Filer's Verificat	ion				
Print Name		Office, Ag	ency or Court		
Statement Type	2024/2025 Annual(yr)	Annual Assur	ming Leaving	Candidate	
contained herein and in	any attached schedules is tru	ie and complete.			of my knowledge the information
I certify under penalty	of perjury under the laws of	f the State of Cali	fornia that the foregoin	ng is true and	d correct.
Date Signed		File	r's Signature		
•	(month, day, year)		<b>-</b>		<del></del>