

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

▶ NAME OF SOURCE <i>(Not an Acronym)</i> ADDRESS <i>(Business Address Acceptable)</i> BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) ____/____/____ \$____ _____ ____/____/____ \$____ _____ ____/____/____ \$____ _____	▶ NAME OF SOURCE <i>(Not an Acronym)</i> ADDRESS <i>(Business Address Acceptable)</i> BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) ____/____/____ \$____ _____ ____/____/____ \$____ _____ ____/____/____ \$____ _____
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Comments: _____
