

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

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

- 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 <i>(Not an Acronym)</i>
ADDRESS <i>(Business Address Acceptable)</i>
CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ <i>(If gift)</i>
▶ MUST CHECK ONE:      Gift <b>-or-</b> Income
Made a Speech/Participated in a Panel
Other - Provide Description _____
▶ If Gift, Provide Travel Destination _____

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ADDRESS <i>(Business Address Acceptable)</i>
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**Comments:** \_\_\_\_\_

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