Form 700 Filers
Statement of Economic Interests
Schedule E: Travel Payments, Advances, and Reimbursements

PRESENTED BY

EXTERNAL AFFAIRS AND EDUCATION DIVISION

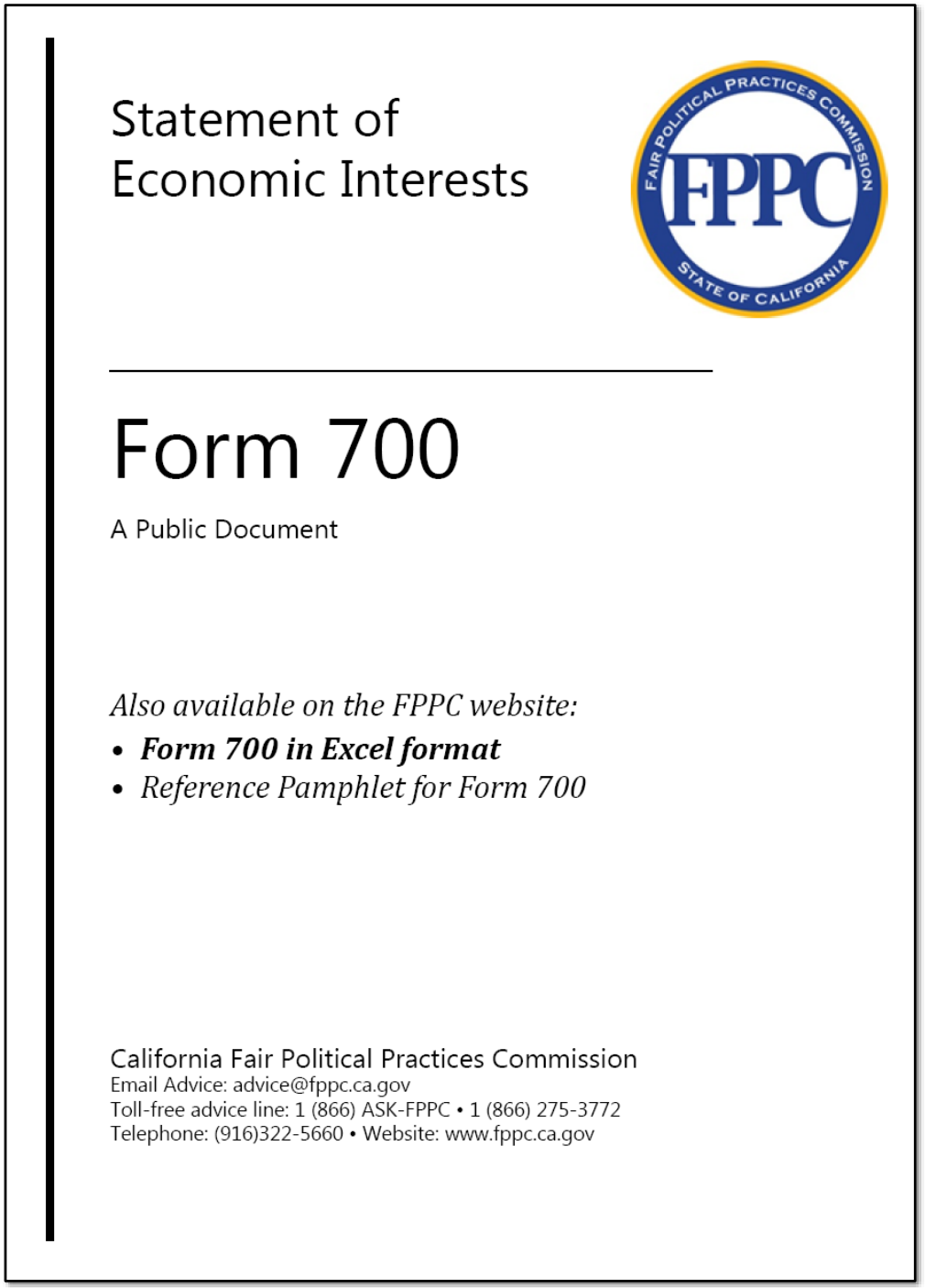
FAIR POLITICAL PRACTICES COMMISSION

Finding the Form 700

Go to…

www.fppc.ca.gov >

File a Form 700

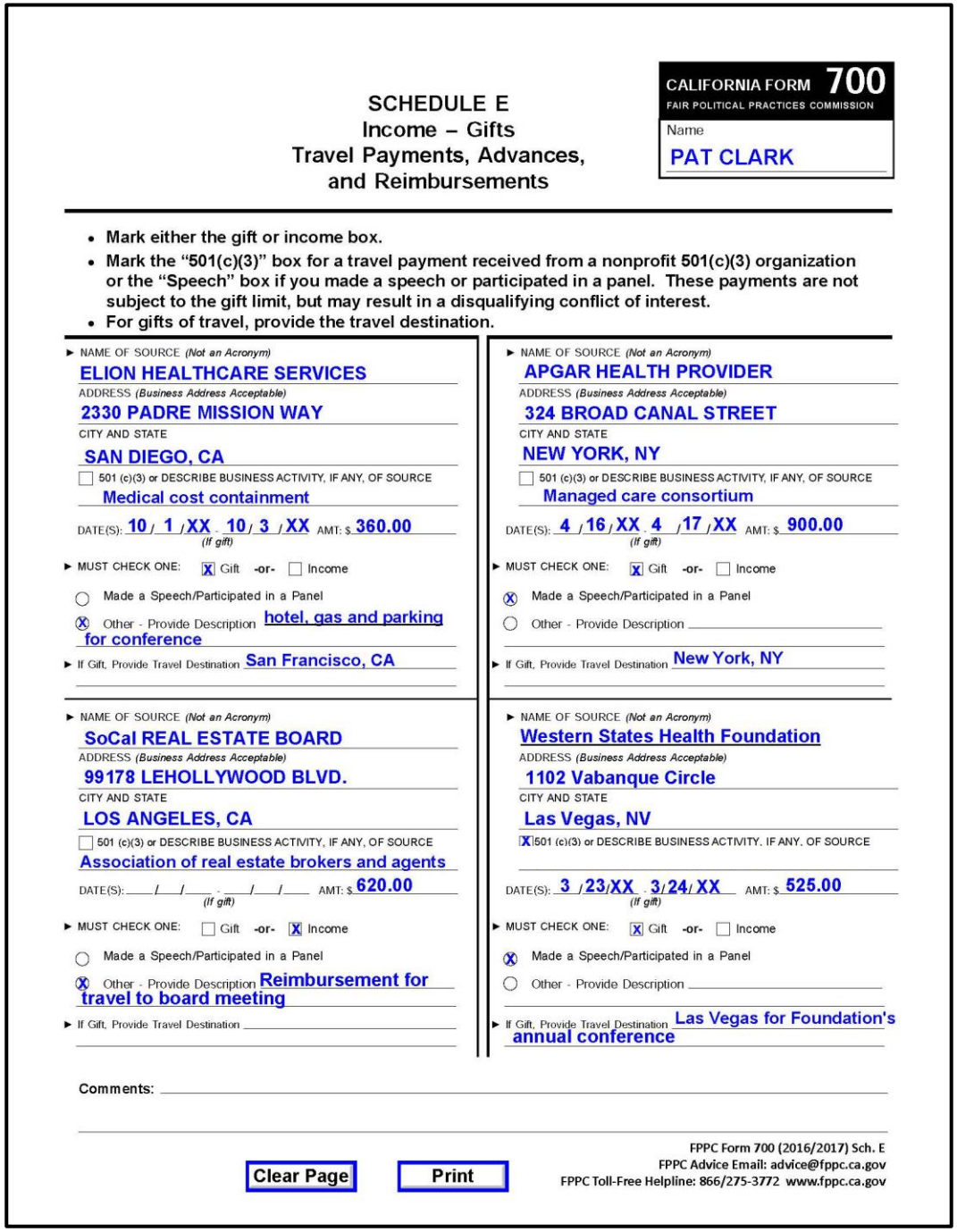


Schedule E
Travel Payments Overview

- Travel payments include payments for transportation, lodging, meals, and other travel related expenses.
- Some travel payments are gifts, while others are income.
- Some travel payments are subject to the annual gift limit while others are not. The annual gift limit for 2017-18 is $470 from a single source.
- Assuming office statements cover travel payments received in the last 12 months.
- Annual statements cover travel payments received in the last calendar year.
- Leaving office statements cover travel payments received since the last annual statement.
- Send your travel questions to: advice@fppc.ca.gov.

Use Schedule E…

- if the travel payment was a reportable gift whose fair market value is $50 or more, or
- if the travel payment was reportable income of $500 or more, and
- if the travel payment was from a reportable source per your conflict of interest code, and
- if the source of the payment does business in your jurisdiction.



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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
PAT CLARK

- 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 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

► NAME OF SOURCE (Not an Acronym)
ELION HEALTHCARE SERVICES
ADDRESS (Business Address Acceptable)
2330 PADRE MISSION WAY
CITY AND STATE
SAN DIEGO, CA
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical cost containment
DATE(S): 10/1/XX (If gift) 10/3/XX AMT: $ 360.00
► MUST CHECK ONE: ☒ Gift -or- ☐ Income
○ Made a Speech/Participated in a Panel
⊗ Other - Provide Description hotel, gas and parking for conference
► If Gift, Provide Travel Destination San Francisco, CA

► NAME OF SOURCE (Not an Acronym)
APGAR HEALTH PROVIDER
ADDRESS (Business Address Acceptable)
324 BROAD CANAL STREET
CITY AND STATE
NEW YORK, NY
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Managed care consortium
DATE(S): 4/16/XX (If gift) 4/17/XX AMT: $ 900.00
► MUST CHECK ONE: ☒ Gift -or- ☐ Income
⊗ Made a Speech/Participated in a Panel
○ Other - Provide Description
► If Gift, Provide Travel Destination New York, NY

► NAME OF SOURCE (Not an Acronym)
SoCal REAL ESTATE BOARD
ADDRESS (Business Address Acceptable)
99178 LEHOLLYWOOD BLVD.
CITY AND STATE
LOS ANGELES, CA
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Association of real estate brokers and agents
DATE(S): / / (If gift) / / AMT: $ 620.00
► MUST CHECK ONE: ☐ Gift -or- ☒ Income
○ Made a Speech/Participated in a Panel
⊗ Other - Provide Description Reimbursement for travel to board meeting
► If Gift, Provide Travel Destination

► NAME OF SOURCE (Not an Acronym)
Western States Health Foundation
ADDRESS (Business Address Acceptable)
1102 Vabanque Circle
CITY AND STATE
Las Vegas, NV
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 3/23/XX (If gift) 3/24/XX AMT: $ 525.00
► MUST CHECK ONE: ☒ Gift -or- ☐ Income
⊗ Made a Speech/Participated in a Panel
○ Other - Provide Description
► If Gift, Provide Travel Destination Las Vegas for Foundation's annual conference

Comments:

Clear Page Print

FPPC Form 700 (2016/2017) Sch. E
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

Schedule E
Reportable Interests

Travel payments as well as advances and reimbursements to pay for…

- Transportation
- Lodging
- Meals
- Parking
- Other expenses related to travel

Schedule E
Non-Reportable Interests

- Payments from government agencies if you provided services of equal or greater value than the payment
- Payments from government agencies when the purpose of travel is for education or training
- Payments from 501(c)(3) organizations if you provided services of equal or greater value than the payment
- Certain payments reported by your agency using FPPC Form 801

Completing Schedule E

- Disclose the name and address of the source of the payment, including city and state.
- Check the box to indicate that the source is a 501(c)(3) organization, if applicable.
- Provide a brief description of the source if applicable.

► NAME OF SOURCE *(Not an Acronym)*

ELION HEALTHCARE SERVICES

ADDRESS *(Business Address Acceptable)*

2330 PADRE MISSION WAY

CITY AND STATE

SAN DIEGO, CA

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

Medical cost containment

DATE(S): **10 / 1 / XX** - **10 / 3 / XX** *(If gift)* AMT: $ **360.00**

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

◯ Made a Speech/Participated in a Panel

Ⓧ Other - Provide Description **hotel, gas and parking for conference**

► If Gift, Provide Travel Destination **San Francisco, CA**

Completing Schedule E

GIFT

Travel Payment

- If the travel payment was a gift, indicate the dates of travel.
- Report the amount of the travel payment.
- Check the box to indicate that the payment was a gift.
- Check the "Speech" or "Other" circle. If checking "Other," disclose the travel purpose and a brief description of the gift.
- Disclose the travel destination.

► NAME OF SOURCE *(Not an Acronym)*

ELION HEALTHCARE SERVICES

ADDRESS *(Business Address Acceptable)*

2330 PADRE MISSION WAY

CITY AND STATE

SAN DIEGO, CA

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

Medical cost containment

DATE(S): 10 / 1 / XX - 10 / 3 / XX *(If gift)* AMT: $ 360.00

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

◯ Made a Speech/Participated in a Panel

⊗ Other - Provide Description hotel, gas and parking for conference

► If Gift, Provide Travel Destination San Francisco, CA

Completing Schedule E

INCOME

Travel Payment

- Report the amount of the travel payment.
- Check the box to indicate that the payment was income.
- Check the appropriate circle to indicate the reason for travel.
- If the travel was not for a speech, note the reason for travel.

► NAME OF SOURCE *(Not an Acronym)*

SoCAL REAL ESTATE BOARD

ADDRESS *(Business Address Acceptable)*

99178 LEHOLLYWOOD BLVD.

CITY AND STATE

LOS ANGELES, CA

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

Association of real estate brokers and agents

DATE(S): ____/____/____ - ____/____/____ *(If gift)* AMT: $ 620.00

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

◯ Made a Speech/Participated in a Panel

Ⓧ Other - Provide Description Reimbursement for travel to board meeting

► If Gift, Provide Travel Destination _____

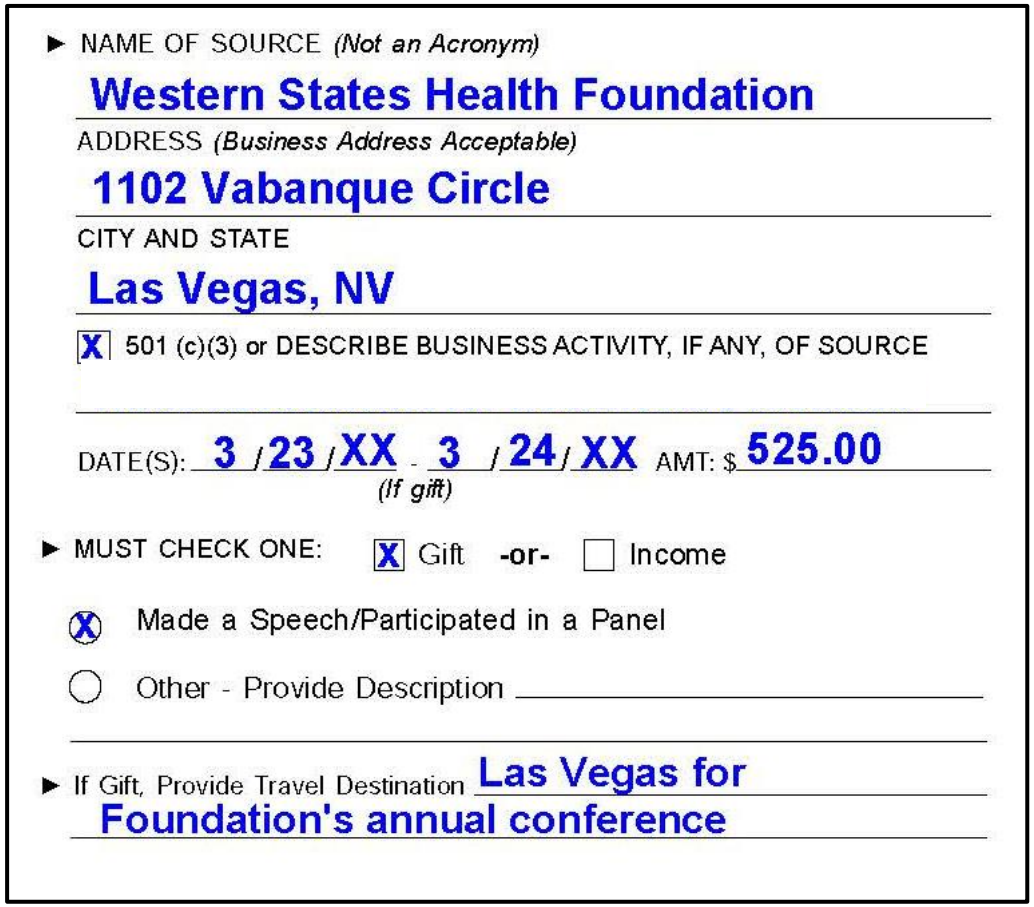
Schedule E
Comparing
A Conference and A Speech

► NAME OF SOURCE *(Not an Acronym)*
ELION HEALTHCARE SERVICES
ADDRESS *(Business Address Acceptable)*
2330 PADRE MISSION WAY
CITY AND STATE
SAN DIEGO, CA
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical cost containment
DATE(S): **10 / 1 / XX** - **10 / 3 / XX** *(If gift)* AMT: $ **360.00**
► MUST CHECK ONE: ☒ Gift -or- ☐ Income
◯ Made a Speech/Participated in a Panel
☒ Other - Provide Description **hotel, gas and parking for conference**
► If Gift, Provide Travel Destination **San Francisco, CA**

► NAME OF SOURCE *(Not an Acronym)*
APGAR HEALTH PROVIDER
ADDRESS *(Business Address Acceptable)*
324 BROAD CANAL STREET
CITY AND STATE
NEW YORK, NY
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Managed care consortium
DATE(S): **4 / 16 / XX** - **4 / 17 / XX** *(If gift)* AMT: $ **900.00***
► MUST CHECK ONE: ☒ Gift -or- ☐ Income
☒ Made a Speech/Participated in a Panel
◯ Other - Provide Description
► If Gift, Provide Travel Destination **New York, NY**

* See Government Code Section 89506 for more information.

Schedule E
A Speech for a 501(c)(3)



► NAME OF SOURCE *(Not an Acronym)*

Western States Health Foundation

ADDRESS *(Business Address Acceptable)*

1102 Vabanque Circle

CITY AND STATE

Las Vegas, NV

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

DATE(S): **3 / 23 / XX** - **3 / 24 / XX** *(If gift)* AMT: $ **525.00**

► MUST CHECK ONE: [X] Gift **-or-** [ ] Income

(X) Made a Speech/Participated in a Panel

( ) Other - Provide Description

► If Gift, Provide Travel Destination **Las Vegas for Foundation's annual conference**

Schedule E
Travel to a Board Meeting

► NAME OF SOURCE *(Not an Acronym)*

SoCAL REAL ESTATE BOARD

ADDRESS *(Business Address Acceptable)*

99178 LEHOLLYWOOD BLVD.

CITY AND STATE

LOS ANGELES, CA

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

Association of real estate brokers and agents

DATE(S): ____/____/____ - ____/____/____ *(If gift)* AMT: $ **620.00**

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

◯ Made a Speech/Participated in a Panel

⊗ Other - Provide Description **Reimbursement for travel to board meeting**

► If Gift, Provide Travel Destination _____

Schedule E
Payment from a Foreign Government

► NAME OF SOURCE *(Not an Acronym)*

People's Transportation Council of China

ADDRESS *(Business Address Acceptable)*

No. 341 Happy Valley Avenue

CITY AND STATE

Beijing, China

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

Chinese gov't.-urban planning agency

DATE(S): **1 / 15 / XX** - **1 / 23 / XX** *(If gift)* AMT: $ **2910.00**

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

◯ Made a Speech/Participated in a Panel

Ⓧ Other - Provide Description **Discussed climate change/ transpt'n w/Beijing planners; air, hotel, food**

► If Gift, Provide Travel Destination **Beijing, China**

Amending Schedule E

- File amendments as soon as error or omission is discovered.
- Complete only the schedule with error(s).
- Amended schedule is retained with entire, original statement.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

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

- **Mark either the gift or income box.**
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- **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): ___/___/___ - ___/___/___ *(If gift)* AMT: $______

► 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): ___/___/___ - ___/___/___ *(If gift)* AMT: $______

► 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): ___/___/___ - ___/___/___ *(If gift)* AMT: $______

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

◯ Made a Speech/Participated in a Panel

◯ Other - Provide Description ______

► If Gift, Provide Travel Destination ______

Filer's Verification

Print Name ______

Office, Agency or Court ______

Statement Type ☐ 2016/2017 Annual ☐ Assuming ☐ Leaving
☐ ____ *(yr)* Annual ☐ Candidate

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 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)*

Filer's Signature ______

Questions

- Call 916-322-5660 or 866-275-3772 (866-ASK-FPPC)
  - Monday - Thursday, 9–11:30 a.m.
- E-mail advice@fppc.ca.gov

E-Filing Problems

- Your agency's system: Contact your filing officer
- FPPC's system: E-mail form700@fppc.ca.gov

Other Form 700 Filer Videos

Completing Form 700: Need to Know

Cover Page

Schedule A-1:	Investments (Less than 10% Ownership Interest)
Schedule A-2:	Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)
Schedule B:	Interests in Real Property
Schedule C:	Income, Loans & Business Positions
Schedule D:	Income – Gifts