

EB RECEIVED

FAIR POLITICAL  
PRACTICES COMMISSION

COVER PAGE

AMENDMENT

2008 DEC 22 PM 3:24 Public Document

RECEIVED  
DEC 19  
By \_\_\_\_\_  
DAYTIME TELEPHONE NUMBER  
(714) 552-0877

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	By _____ DAYTIME TELEPHONE NUMBER		
Spitzer	Todd	A.	(714) 552-0877		
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
401 Civic Center Drive		Santa Ana	CA	92701	spitzerlawoffice@aol.com

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:  
California State Assembly

Division, Board, District, if applicable:  
71st Assembly District

Your Position:  
Assemblyman

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

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

State

County of \_\_\_\_\_

City of \_\_\_\_\_

Multi-County \_\_\_\_\_

Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual: The period covered is January 1, 2007, through December 31, 2007.

-OR-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2007.

Leaving Office Date Left: 11 / 30 / 08  
(Check one)

The period covered is January 1, 2007, through the date of leaving office.

-OR-

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

Candidate

**4. Schedule Summary**

➔ Total number of pages including this cover page: 2

➔ Check applicable schedules or "No reportable interests."  
I have disclosed interests on one or more of the attached schedules:

Schedule A-1  Yes - schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2  Yes - schedule attached  
*Investments (10% or greater Ownership)*

Schedule B  Yes - schedule attached  
*Real Property*

Schedule C  Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D  Yes - schedule attached  
*Income - Gifts*

Schedule E  Yes - schedule attached  
*Income - Travel Payments*

-Or-

No reportable interests on any schedule

**5. Verification**

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 12-15-08  
(month, day, year)

Signature [Signature]  
(File the originally signed statement with your filing official.)

# SCHEDULE D Income - Gifts

**> NAME OF SOURCE**  
Assembly Speaker Karen Bass  
**ADDRESS**  
777 S. Figueroa St., Suite 4050, Los Angeles 90017  
**BUSINESS ACTIVITY, IF ANY, OF SOURCE**  
Legislative

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 06 / 08</u>	<u>\$ 56.47</u>	<u>Departing member pen</u>
<u>    /    /    </u>	<u>\$    </u>	<u>set</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

**> NAME OF SOURCE**  
Pacific Policy Research Foundation  
**ADDRESS**  
101 Parkshore Drive  
**BUSINESS ACTIVITY, IF ANY, OF SOURCE**  
Public Policy Seminars/Study

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 12 / 08</u>	<u>\$ 150</u>	<u>Seminar Dinner</u>
<u>11 / 14 / 08</u>	<u>\$ 275</u>	<u>Seminar Golf Event</u>
<u>    /    /    </u>	<u>\$ 425</u>	<u>(See Below reimburse)</u>

**> NAME OF SOURCE**  
**ADDRESS**  
**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

**> NAME OF SOURCE**  
Pacific Policy Research Foundation continued  
**ADDRESS**  
**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$ 390<sup>1</sup></u>	<u>Reimbursed \$35</u>
<u>    /    /    </u>	<u>\$    </u>	<u>Total received = \$390</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

**> NAME OF SOURCE**  
**ADDRESS**  
**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

**Verification**

Print Name Todd Spitzer

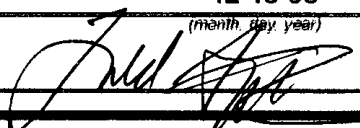
Office, Agency State Legislature (Assembly) or Court \_\_\_\_\_

Statement Type  2007/2008 Annual  Assuming  Leaving  
 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 12-15-08  
(month day year)

Signature 

Comments: 1 sent check to PPRF for \$35.

RECEIVED FAIR POLITICAL PRACTICES COMMISSION

COVER PAGE

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EB

NAME (LAST) (FIRST) (MIDDLE) By DAYTIME TELEPHONE NUMBER  
 SPITZER TODD (914) 744 6574 #2

MAILING ADDRESS STREET CITY STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS  
 401 Civic Center Drive Santa Ana CA 92701

1. Office, Agency, or Court

Name of Office, Agency, or Court:  
 California State Assembly

Division, Board, District, if applicable:  
 71st Assembly District

Your Position:  
 Assemblyman

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

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

State

County of \_\_\_\_\_

City of \_\_\_\_\_

Multi-County \_\_\_\_\_

Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual: The period covered is January 1, 2007, through December 31, 2007.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2007.

Leaving Office Date Left: 11/30/08  
 (Check one)

The period covered is January 1, 2007, through the date of leaving office.

-or-

The period covered is 01/01/08, through the date of leaving office.

Candidate

4. Schedule Summary

➔ Total number of pages including this cover page: 9

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1  Yes - schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2  Yes - schedule attached  
*Investments (10% or greater Ownership)*

Schedule B  Yes - schedule attached  
*Real Property*

Schedule C  Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D  Yes - schedule attached  
*Income - Gifts*

Schedule E  Yes - schedule attached  
*Income - Travel Payments*

-or-

No reportable interests on any schedule

5. Verification

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 12/8/08  
 (month, day/year)

Signature [Signature]  
 (File the originally signed statement with your filing official.)

**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

*Do not attach brokerage or financial statements.*

Name  
**TODD SPITZER**

NAME OF BUSINESS ENTITY  
**MICROSOFT CORPORATION**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
**Computer Software Development**

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)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/07      \_\_\_\_\_/\_\_\_\_\_/07  
 ACQUIRED                      DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/07      \_\_\_\_\_/\_\_\_\_\_/07  
 ACQUIRED                      DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/07      \_\_\_\_\_/\_\_\_\_\_/07  
 ACQUIRED                      DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/07      \_\_\_\_\_/\_\_\_\_\_/07  
 ACQUIRED                      DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/07      \_\_\_\_\_/\_\_\_\_\_/07  
 ACQUIRED                      DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/07      \_\_\_\_\_/\_\_\_\_\_/07  
 ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_







**SCHEDULE D**  
**Income – Gifts**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>TODD SPITZER</u>
--

> NAME OF SOURCE  
Orange County Transportation Authority

ADDRESS  
550 S Main Street, Orange, 92863

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 26 / 08</u>	\$ <u>71.12</u>	<u>Legislative Dinner</u>
<u>   /   /   </u>	\$ _____	_____
<u>   /   /   </u>	\$ _____	_____

> NAME OF SOURCE  
South Orange County Regional Chambers of Comme

ADDRESS  
26111 Antonio Parkway, Suite 400, RSM, 92688

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 04 / 08</u>	\$ <u>112</u>	<u>Chamber Ball ticket</u>
<u>   /   /   </u>	\$ _____	_____
<u>   /   /   </u>	\$ _____	_____

> NAME OF SOURCE  
Orange County Division, League of California Cities

ADDRESS  
600 W Santa Ana Blvd, Suite 214, Santa Ana, 92701

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 10 / 08</u>	\$ <u>54</u>	<u>Legislative Dinner</u>
<u>   /   /   </u>	\$ _____	_____
<u>   /   /   </u>	\$ _____	_____

> NAME OF SOURCE  
Harley-Davidson of Sacramento

ADDRESS  
1000 Arden Way, Sacramento, 95815

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 12 / 08</u>	\$ <u>270</u>	<u>Motorcycle Rental for</u>
<u>   /   /   </u>	\$ _____	<u>Legislators' Ride</u>
<u>   /   /   </u>	\$ _____	_____

> NAME OF SOURCE  
Harbor Distributing

ADDRESS  
1625 S. Lewis St, Anaheim, 92805

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 29 / 08</u>	\$ <u>100</u>	<u>Jazz Festival Ticket</u>
<u>   /   /   </u>	\$ _____	_____
<u>   /   /   </u>	\$ _____	_____

> NAME OF SOURCE  
Edwards Lifesciences

ADDRESS  
One Edwards Way, Irvine, 92614

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 20 / 08</u>	\$ <u>320</u>	<u>Angel's Tickets</u>
<u>   /   /   </u>	\$ _____	_____
<u>   /   /   </u>	\$ _____	_____

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

➤ NAME OF SOURCE  
Anheuser Busch  
ADDRESS  
1201 K Street, Suite 730, Sacramento, 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 21 / 08</u>	\$ <u>244</u>	<u>4 Seaworld Tickets</u>
<u>09 / 27 / 08</u>	\$ <u>122</u>	<u>2 Seaworld Tickets</u>
<u>    /    /    </u>	\$ <u>        </u>	<u>        </u>

➤ NAME OF SOURCE  
Feld Entertainment, Inc  
ADDRESS  
8607 Westwood Center Drive, Vienna, VA 22182  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 02 / 08</u>	\$ <u>76</u>	<u>4 Circus Tickets</u>
<u>    /    /    </u>	\$ <u>        </u>	<u>        </u>
<u>    /    /    </u>	\$ <u>        </u>	<u>        </u>

➤ NAME OF SOURCE  
Gibson, Dunn and Crutcher LLP  
ADDRESS  
3161 Michelson Drive, Irvine, 92612  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 05 / 08</u>	\$ <u>165</u>	<u>Green Fee</u>
<u>    /    /    </u>	\$ <u>        </u>	<u>        </u>
<u>    /    /    </u>	\$ <u>        </u>	<u>        </u>

➤ NAME OF SOURCE  
Irvine Company  
ADDRESS  
550 Newport Center Drive, Newport Beach, 92660  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 17 / 08</u>	\$ <u>34.75</u>	<u>Lunch</u>
<u>10 / 21 / 08</u>	\$ <u>30</u>	<u>Anaheim Prayer Brkfst</u>
<u>    /    /    </u>	\$ <u>        </u>	<u>        </u>

➤ NAME OF SOURCE  
Love Ride Foundation c/o Harley Davidson-Glendale  
ADDRESS  
3717 San Fernando Road, Glendale, 91206  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 26 / 08</u>	\$ <u>75</u>	<u>Non-profit fundraiser</u>
<u>    /    /    </u>	\$ <u>        </u>	<u>ticket for guest</u>
<u>    /    /    </u>	\$ <u>        </u>	<u>        </u>

➤ NAME OF SOURCE  
Los Angeles International Airport  
ADDRESS  
1 World Way, Los Angeles, 90045  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 16 / 08</u>	\$ <u>180</u>	<u>Parking</u>
<u>    /    /    </u>	\$ <u>        </u>	<u>        </u>
<u>    /    /    </u>	\$ <u>        </u>	<u>        </u>

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income - Gifts**

Name  
TODD SPITZER

> NAME OF SOURCE  
Family Winemakers of California  
 ADDRESS  
520 Capitol Mall, Suite 260, Sacramento, 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 28 / 08</u>	\$ <u>55.26</u>	<u>Legislative Reception</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

> NAME OF SOURCE  
Orange County Business Council  
 ADDRESS  
2 Park Plaza, Suite 100, Irvine, 92614  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 29 / 08</u>	\$ <u>65</u>	<u>Legislative Dinner</u>
<u>06 / 11 / 08</u>	\$ <u>58</u>	<u>Legislative Dinner</u>
<u>06 / 11 / 08</u>	\$ <u>215</u>	<u>Commemorative Gift</u>

> NAME OF SOURCE  
California State University, Fullerton  
 ADDRESS  
800 N State College Blvd, Fullerton, 92834  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 02 / 08</u>	\$ <u>170</u>	<u>CSUF Event (2 tickets)</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

> NAME OF SOURCE  
University of California at Berkeley  
 ADDRESS  
Office of the Chancellor, Berkeley, 94720  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 12 / 08</u>	\$ <u>50</u>	<u>Legislator Alum. Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

> NAME OF SOURCE  
Orange County Employees Association  
 ADDRESS  
830 N Ross St., Santa Ana, 92701  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 12 / 08</u>	\$ <u>100.05</u>	<u>Legislative Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

> NAME OF SOURCE  
Orange County Automobile Dealers Association  
 ADDRESS  
125 Baker Street East, Suite 262, Costa Mesa, 95626  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 25 / 08</u>	\$ <u>69.99</u>	<u>Legislative Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

Name  
**TODD SPITZER**

➤ NAME OF SOURCE  
John Wayne Airport

ADDRESS  
18601 Airport Way, Santa Ana, 92707

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 01 / 08</u>	<u>\$ 390</u>	<u>Parking pass</u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>_____</u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>_____</u>

➤ NAME OF SOURCE  
Minority Leader Michael Villines

ADDRESS  
PO Box 606, Fresno, 93709

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 21 / 08</u>	<u>\$ 53.35</u>	<u>Departing Member</u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>Breakfast</u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>_____</u>

➤ NAME OF SOURCE  
\_\_\_\_\_

ADDRESS  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$ _____</u>	<u>_____</u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>_____</u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>_____</u>

➤ NAME OF SOURCE  
\_\_\_\_\_

ADDRESS  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$ _____</u>	<u>_____</u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>_____</u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>_____</u>

➤ NAME OF SOURCE  
\_\_\_\_\_

ADDRESS  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$ _____</u>	<u>_____</u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>_____</u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>_____</u>

➤ NAME OF SOURCE  
\_\_\_\_\_

ADDRESS  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$ _____</u>	<u>_____</u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>_____</u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>_____</u>

Comments: \_\_\_\_\_