CALIFORNIA FORM 700	STATEMENT OF E COV	CONOMIC INTE ER PAGE	RESTS Date Initial Filing Receive Filing Official Use Only
	A PUBLIC	C DOCUMENT	Filed Date: 03/25/2024 05:07 PM SAN: 031300016-STH-0016
Please type or print in ink. NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Buckshi	Daniel		P
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Walnut Creek			
Division, Board, Department, District, if applica	able	Your Position	
City Manager's Office	on on ottochment (Do not use on	City Manager	
► If filing for multiple positions, list below or o	on an attachment. (Do not use ac	ronyms)	
Agency: SEE ATTACHED LIST		Position:	
2. Jurisdiction of Office (Check at leas	st one box)		
State		Judge, Retired Judge (Statewide Jurisdiction	e, Pro Tem Judge, or Court Commissioner n)
Multi-County		County of	
City of Walnut Creek			
3. Type of Statement (Check at least o	ne box)		
Annual: The period covered is January December 31, 2023.	1, 2023, through	Leaving Office: Da	ate Left// (Check one circle.)
The period covered is/_ December 31, 2023.	, through	<ul> <li>The period cove of leaving office.</li> <li>-or-</li> </ul>	ered is January 1, 2023, through the date
Assuming Office: Date assumed	]]	<ul> <li>The period cove the date of leavi</li> </ul>	red is/, through ng office.
Candidate: Date of Election	and office sought, if d	ifferent than Part 1:	
4. Schedule Summary (required)	► Total number of	pages including this	cover page:6
Schedules attached			
Schedule A-1 - Investments – schedu	le attached 🔀 So	chedule C - Income, Loan	s, & Business Positions – schedule attached
Schedule A-2 - Investments - schedu		chedule D - Income – Gift	
Schedule B - Real Property – schedu	le attached	chedule E - Income – Gifts	s – Travel Payments – schedule attached
-or- D None - No reportable interest	's on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Doc	CITY CITY		STATE ZIP CODE
1666 North Main Street	Walnut C	reek	CA 94596
DAYTIME TELEPHONE NUMBER	EM	AIL ADDRESS	
( )			
I have used all reasonable diligence in prepari herein and in any attached schedules is true			best of my knowledge the information contained
I certify under penalty of perjury under the	e laws of the State of California t	hat the foregoing is true	and correct.
Date Signed 03/25/2024 05:07	PM Signa		Daniel P Buckshi
(month, day, year)		(File the originall)	y signed paper statement with your filing official.)

# STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name

Daniel Buckshi

## EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Regional Government Services		Board Member	Other Joint Powers Authority	Annual	01/01/23 - 12/31/23

Investments         FAIR POLITICAL P         Name         Danie         Danie <th>FORM <b>700</b></th>	FORM <b>700</b>
(Ownership Interest is Less Than 10%) Investments must be itemized. Do not attach brokerage or financial statements.       Danie         NAME OF BUSINESS ENTITY	RACTICES COMMISSION
Investments must be itemized.         Do not attach brokerage or financial statements.	
<ul> <li>► NAME OF BUSINESS ENTITY</li> <li>Agilent Technologies GENERAL DESCRIPTION OF THIS BUSINESS Medical and Test Equipment FAIR MARKET VALUE \$\$2,000 - \$10,000 \$\$10,001 - \$100,000 \$\$100,001 - \$1,000,000 NATURE OF INVESTMENT X Stock Other (Describe) Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: // 23         // 23</li></ul>	el Buckshi
Agilent Technologies         GENERAL DESCRIPTION OF THIS BUSINESS         Medical and Test Equipment         FAIR MARKET VALUE         \$2,000 - \$10,000         \$100,001 - \$1,000,000         NATURE OF INVESTMENT         Stock       Other         (Describe)         Partnership       Income Received of \$0 - \$499         IF APPLICABLE, LIST DATE:       (Describe)         IF APPLICABLE, LIST DATE:       IF APPLICABLE, LIST DATE:	
GENERAL DESCRIPTION OF THIS BUSINESS         Medical and Test Equipment         FAIR MARKET VALUE         \$2,000 - \$10,000         \$100,001 - \$1,000,000         Over \$1,000,000         NATURE OF INVESTMENT         Stock         Other         (Describe)         Partnership O Income Received of \$0 - \$499         Income Received of \$500 or More (Report on Schedule C)         IF APPLICABLE, LIST DATE:         1       123         1       23         1       23	
Medical and Test Equipment         FAIR MARKET VALUE         \$2,000 - \$10,000         \$100,001 - \$1,000,000         Over \$1,000,000         NATURE OF INVESTMENT         Stock         Other         (Describe)         Partnership         Income Received of \$0 - \$499         Income Received of \$500 or More (Report on Schedule C)         IF APPLICABLE, LIST DATE:        23      23	
FAIR MARKET VALUE         \$\$2,000 - \$10,000       \$\$10,001 - \$100,000         \$\$100,001 - \$1,000,000       Over \$1,000,000         NATURE OF INVESTMENT       \$\$10,001 - \$1,000,000         \$\$X stock       Other         (Describe)       Ohncome Received of \$0 - \$499         Income Received of \$500 or More (Report on Schedule C)       IF APPLICABLE, LIST DATE:         1       23         1       23	>
$1 \leq 2,000 - \$10,000$ $\times \$10,001 - \$100,000$ $10,001 - \$100,000$ $1 \leq 100,001 - \$1,000,000$ $0 = \$10,001 - \$100,000$ $10,001 - \$100,000$ NATURE OF INVESTMENT $0 = \$10,001 - \$1,000,000$ $0 = \$10,001 - \$1,000,000$ NATURE OF INVESTMENT $0 = \$10,001 - \$1,000,000$ $0 = \$10,001 - \$1,000,000$ NATURE OF INVESTMENT $0 = \$10,001 - \$1,000,000$ $0 = \$10,001 - \$1,000,000$ NATURE OF INVESTMENT $0 = \$10,001 - \$1,000,000$ $0 = \$10,001 - \$1,000,000$ NATURE OF INVESTMENT $0 = \$10,000 - \$10,000$ $0 = \$10,001 - \$1,000,000$ NATURE OF INVESTMENT $0 = \$10,000 - \$10,000$ $0 = \$10,001 - \$1,000,000$ NATURE OF INVESTMENT $0 = \$10,000 - \$10,000$ $0 = \$10,001 - \$1,000,000$ NATURE OF INVESTMENT $0 = \$10,000 - \$10,000$ $0 = \$10,000 - \$10,000$ Partnership $0$ Income Received of $\$0 - \$499$ $0 = 10 = 10,000 - \$499$ $0 = 0 = 0 = 0,000 - \$10,000 - \$10,000 - \$10,000 - \$10,000$ $0 = \$10,000 - \$49$ $0 = 0 = 0,000 - \$10,000 $	
NATURE OF INVESTMENT       NATURE OF INVESTMENT         Stock       Other         Partnership       Income Received of \$0 - \$499         Income Received of \$500 or More (Report on Schedule C)       Partnership         IF APPLICABLE, LIST DATE:       IF APPLICABLE, LIST DATE:         Image: A construction       Image: A construction         Image: A constrel       Image: A construction <th>100,000</th>	100,000
X Stock       Other       <	),000
Image: Construction of the construc	
Income Received of \$500 or More (Report on Schedule C)       Income Received of \$500 or I         IF APPLICABLE, LIST DATE:       IF APPLICABLE, LIST DATE:        232323	/
<u>/</u>	
ACQUIRED     DISPOSED     ACQUIRED     DISPOSED       ▶ NAME OF BUSINESS ENTITY     ▶ NAME OF BUSINESS ENTITY	
Keysight Technologies	
GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS	<u></u>
Technology	
FAIR MARKET VALUE	
■ \$2,000 - \$10,000           ▼ \$10,001 - \$100,000           ■ \$2,000 - \$10,000           ■ \$10,001 - \$             ■ \$100,001 - \$1,000,000           ● Over \$1,000,000           ■ \$100,001 - \$1,000,000           ■ \$100,001 - \$1,000,000           ● Over \$1,000	
X Stock Other Obscribe) Other (Describe) (Describe)	,
Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More ( <i>Report on Schedule C</i> ) () Income Received of \$500 or More ( <i>Report on Schedule C</i> )	
IF APPLICABLE, LIST DATE: IF APPLICABLE, LIST DATE:	
ACQUIRED DISPOSED ACQUIRED DISPOSED	
► NAME OF BUSINESS ENTITY	
Pfizer GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS	
Pharmaceutical	5
FAIR MARKET VALUE	
\$2,000 - \$10,000       \$10,001 - \$100,000       \$2,000 - \$10,000       \$10,001 - \$         \$100,001 - \$1,000,000       Over \$1,000,000       \$100,001 - \$1,000,000       Over \$1,000	
NATURE OF INVESTMENT     NATURE OF INVESTMENT       X Stock     Other	
Image: Construction of the second of the	9
IF APPLICABLE, LIST DATE: IF APPLICABLE, LIST DATE:	
ACQUIRED DISPOSED ACQUIRED DISPOSED	

Comments: \_\_\_\_

#### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

FAIR POLITICAL PRACTICES COMMISSION

Name

Daniel Buckshi

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Danville Longterm Care, Inc.	Grey Pine Holdings LLC
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
336 Diablo Road, Danville, CA 94526	2175 Salk Ave, Suite 200, Carlsbad, CA 94598
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Skilled Nursing Facility	Skilled Nursing Facility located in Shadelands
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
NA, Spouse's Employer	N/A, Spouse's Employer
GROSS INCOME RECEIVED       No Income - Business Position Only         \$500 - \$1,000       \$1,001 - \$10,000         \$10,001 - \$100,000       OVER \$100,000         CONSIDERATION FOR WHICH INCOME WAS RECEIVED         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.)	GROSS INCOME RECEIVED       No Income - Business Position Only         \$500 - \$1,000       \$1,001 - \$10,000         \$10,001 - \$100,000       OVER \$100,000         CONSIDERATION FOR WHICH INCOME WAS RECEIVED         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.)
Sale of	Sale of
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other (Describe)	Other(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE		TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%	None None	
	SECURITY FOR L	OAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER	None	Personal res	sidence
	Real Property _		Street address
HIGHEST BALANCE DURING REPORTING PERIOD			Street address
<b>\$500 - \$1,000</b>	-		City
\$1,001 - \$10,000			
<b>\$10,001 - \$100,000</b>			
OVER \$100,000	Other		
			(Describe)
Comments:			

#### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

Name

Daniel Buckshi

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Pleasant HillDence OPCO LLC	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
140 N Union Ave, Farmington, UT 84025	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Skilled Nursing Facility in Pleasant Hill	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
N/A, Spouse's Employer	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
× \$10,001 - \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME 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 property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, <i>list each source of \$10,000 or more</i>
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% 🗌 Noi	ne
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	ersonal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property	Street address
□ \$500 - \$1,000 □ \$1,001 - \$10,000		City
\$10,001 - \$100,000 \$10,001 - \$100,000	Guarantor	
OVER \$100,000	Other	(Describe)
Comments:		

### SCHEDULE D Income – Gifts

CALIFORNIA FORM 700

Name

Daniel Buckshi

► NAME OF SOURC	CE (Not an Acronym)	)	► NAME OF SOURC	E (Not an Acronyn	n)
Meyers Nave			Tripepi Smith		/
	ss Address Acceptal	ble)	ADDRESS (Business Address Acceptable)		
,	1999 Harrison St, 9th Flooer, Oakland, CA 94612				52512, Irvine, CA 92619
	ITY, IF ANY, OF SC		BUSINESS ACTIVI		
200112007.0111	,,,			, ,	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
		Dinner event at Cal Cities			Dinner at event at Cal Cities
<u>   09 <sub>/</sub>  01 <sub>/</sub> 23 </u>	<u>\$</u> 75	Conference	<u>02 / 08 / 23</u>	<u>\$ 70</u>	Conference
//	\$		//	\$	
//	\$		//	\$	
► NAME OF SOURC	CE (Not an Acronym)		► NAME OF SOURC	E (Not an Acronyn	ח)
ADDRESS (Busine	ss Address Acceptal	ole)	ADDRESS (Busines	ss Address Accepta	able)
BUSINESS ACTIV	ITY, IF ANY, OF SC	DURCE	BUSINESS ACTIVI	TY, IF ANY, OF S	OURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
//	\$		//	\$	
//	\$		//	\$	
//	\$		//	\$	
► NAME OF SOURC	CE (Not an Acronym)		► NAME OF SOURC	E (Not an Acronyn	ז)
ADDRESS (Busine	ss Address Acceptal	ole)	ADDRESS (Busines	ss Address Accepta	able)
BUSINESS ACTIV	ITY, IF ANY, OF SC	DURCE	BUSINESS ACTIVI	TY, IF ANY, OF S	OURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
//	\$		//	\$	
//	\$		//	\$	
//	\$		/	\$	
Comments:					

CALIFORNIA FORM 700	STATEMENT OF CO <sup>V</sup>	economic inte Ver Page	RESTS	Date Initial Filing Received Filing Official Use Only
	A PUBL	IC DOCUMENT		ate: 02/07/2024 11:41 AM : 031300016-STH-0016
Please type or print in ink. NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Mattas	Steven		T	
1. Office, Agency, or Court	Otovon			
Agency Name (Do not use acronyms)				
City of Walnut Creek				
Division, Board, Department, District, if applic	cable	Your Position		
City Attorney's Office		City Attorney		
► If filing for multiple positions, list below or	on an attachment. (Do not use a			
		- /		
Agency:		Position:		
2. Jurisdiction of Office (Check at lea	ast one box)			
State		Judge, Retired Judge (Statewide Jurisdictio		dge, or Court Commissioner
Multi-County		County of		
X City of Walnut Creek				
3. Type of Statement (Check at least	one box)			
Annual: The period covered is January December 31, 2023.	-	Leaving Office: D	ate Left (Check one	// circle.)
-or- The period covered is/ December 31, 2023.	, through	<ul> <li>The period cover of leaving office</li> <li>-or-</li> </ul>		y 1, 2023, through the date
Assuming Office: Date assumed		<ul> <li>The period cover the date of leav</li> </ul>		/, through
Candidate: Date of Election	and office sought, if	different than Part 1:		
4. Schedule Summary (required) Schedules attached	► Total number of	f pages including this	s cover pa	ge: <u>3</u>
Schedule A-1 - Investments – sched				Positions – schedule attached
Schedule A-2 - Investments – sched		Schedule D - Income – Gifi Schedule E Income – Cifi		attached y <i>ments</i> – schedule attached
Schedule B - Real Property – sched	ule attached		5 – 11avei Fa	yments – schedule attached
-or- 🗌 None - No reportable interes	sts on any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Do	CITY		STATE	ZIP CODE
1666 North Main Street	Walnut (	Creek	CA	94596
DAYTIME TELEPHONE NUMBER	E	MAIL ADDRESS		
	ving this statement. I have need	d this statement and to 0	hast of south	autodao the information and in t
I have used all reasonable diligence in prepa herein and in any attached schedules is true			best of my kno	owledge the information contained
I certify under penalty of perjury under th	e laws of the State of California	that the foregoing is true	and correct.	
Date Signed 02/07/2024 11:4	1 AM Sia	nature	Steven T	Mattas
(month, day, year)				ement with your filing official.)

_	HEDULE A-1     CALIFORNIA FORM 700
	Vestments Fair Political Practices commission
Stocks, Bond	Is, and Other Interests Name
· · ·	nterest is Less Than 10%) ents must be itemized.
	okerage or financial statements.
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Alphabet Inc.	Meyers Nave PLC
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Information Technology	Professional Law Corporation
FAIR MARKET VALUE	FAIR MARKET VALUE
× \$2,000 - \$10,000       \$10,001 - \$100,000         \$100,001 - \$1,000,000       Over \$1,000,000	\$2,000 - \$10,000       X       \$10,001 - \$100,000         \$100,001 - \$1,000,000       Over \$1,000,000
NATURE OF INVESTMENT           X         Stock         Other	NATURE OF INVESTMENT
(Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedu	ule C)          (Describe)         (Describ
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Alibaba	Microsoft
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
E-Commerce and Technology Infrastructure	Information Technology
FAIR MARKET VALUE         \$2,000 - \$10,000         \$100,001 - \$1,000,000         Over \$1,000,000	FAIR MARKET VALUE         × \$2,000 - \$10,000       \$10,001 - \$100,000         \$100,001 - \$1,000,000       Over \$1,000,000
NATURE OF INVESTMENT     X   Stock       Other	NATURE OF INVESTMENT
(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedu	ule C) (Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u>09 / 01 / 23</u> / / 23	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Meta GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Information Technology	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
∑ \$2,000 - \$10,000 × \$10,001 - \$100,000	□ \$2,000 - \$10,000 □ \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	State \$1,000,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT           X         Stock         Other         (Describe)	NATURE OF INVESTMENT           Stock         Other   (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More ( <i>Report on Schedu</i>	Partnership O Income Received of \$0 - \$499
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u> </u>	2323
ACQUIRED DISPOSED	ACQUIRED DISPOSED

#### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

Name

Steven Mattas

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Meyers Nave, PLC	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1999 Harrison Street, Ninth Floor, Oakland, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Law Corporation	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Attorney	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
☐ \$500 - \$1,000	☐ \$500 - \$1,000
S10,001 - \$100,000 SOVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME 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 property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, <i>list each source of \$10,000 or more</i>
(Describe)	(Describe)
Other (Describe)	Other (Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE		TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%	None	
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR L	OAN	sidence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property _		Street address
\$500 - \$1,000 \$1,001 - \$10,000	-		City
\$10,001 - \$100,000	Guarantor		
OVER \$100,000	Other		(Describe)
Comments:			