



Michael Miya, President
Ed Esajian, Treasurer
Jerred, Barba, Director
Tony DeGroot, Director
Paul Newton, Director
Nathan Heeringa, Associate Director

Board Meeting
February 18, 2026
870 Greenfield Ave., Hanford

1. **Call to Order**
 - a. **Flag Salute**
2. **Public Comment**
 - a. *Any person may directly address the Board at this time on any item on the agenda or any other item of interest within the subject matter jurisdiction of the Board.*
3. **Financial reports**
 - a. January 2026 Financials - **Action**
 - b. Invoices - **Action**
4. **Meeting Minutes**
 - a. January 2025 regular meeting minutes – **Action**
5. **Bountiful Agricultural Report**
6. **NRCS Report**
7. **Old Business**
 - a. Grants
 - i. CDFA Healthy Soils Program (HSP)
 - ii. CDFA Water Efficiency Technical Assistance (WETA)
 - iii. NRCS Capacity Grant
 - b. SGMA
8. **New Business**
 - a. Sustainable Agricultural Lands Conservation (SALC) Grant Writing Proposal – **Action**
 - b. HSP and SWEEP Block Grant Draft – **Action**
 - c. Form – 700
9. **Director Reports/Announcements**
10. **Adjournment**

Next Regularly Scheduled Meeting
March 18, 2026
1:30 PM

EKRCD Financials

Starting Balance 12/30/25 \$138,353.08

			Credit	Debit
1/1/26	Interest		\$2,191.75	
1/12/26	Remaining HUB payment	Carbon Cycle Institute	\$50.00	

Expenses \$0.00

Income \$2,241.75

Account Balance **\$140,594.83**

Prepared February 13, 2026



870 GREENFIELD AVE
HANFORD, CA 93230-3570 US
+15595843557
kcfb@kcfb.org
www.kcfb.org

INVOICE

BILL TO
Excelsior/Kings River RCD
870 Greenfield Ave
Hanford, CA 93230

INVOICE 20074850
DATE 02/01/2026
TERMS Net 30
DUE DATE 03/03/2026

ACTIVITY	QTY	RATE	AMOUNT
EKRCD Contract	1	2,500.00	2,500.00

BALANCE DUE **\$2,500.00**

Board members present: J. Barba, T. DeGroot E. Esajian, M. Miya,

Others present: T. Flores, J. Freitas, M. Herbert, T. Johnson, K. Reagan, J. Siliznoff, I. Vietti

1. **Call to Order:** 1:33 PM
2. **Public Comments:** N/A
3. **Financial Report**
 - a. A motion was made by Tony DeGroot, seconded by Jerred Barba, and passed without opposition, approving the December 2025 Financial Report and Invoice as presented.
4. **Meeting Minutes:**
 - a. A motion was made by Michael Miya, seconded by Jerred Barba, and passed without opposition, approving the December regular meeting minutes as presented.
5. **Bountiful Agricultural**
 - a. I. Vietti presented the monthly grant and funding report
 - b. By unanimous consensus, the Board agreed to move forward with Bountiful Agricultural submitting a draft proposal for the Central Valley Climate Adaptation and Agricultural Conservation Project.
6. **NRCS Report** N/A
7. **Old Business:**
 - a. Grants
 - i. CDFA Healthy Soils Program (HSP)
 1. Item discussed. M. Herbert provided an update.
 - ii. CDFA Water Efficiency Technical Assistance (WETA)
 1. Item discussed. T. Johnson provided an update.
 - iii. NRCS Capacity Grant – No available update.
 - b. SGMA: N/A
8. **New Business**
 - a. Small Surface Water and Ground Storage Water Projects Grant Program
 - i. Item discussed. No Action taken.
9. **Adjournment:** 3:00 PM

Monthly Grant and Funding Opportunity Report

For month February 2026

Federal Funding:

USGS – US Geological Survey - Groundwater and Streamflow Information Program, National Ground-Water Monitoring Network. A cooperative agreement funding opportunity to collect groundwater data to participate in the National Ground-Water Monitoring Network. Individual applications are restricted to a funding level of \$150,000 for a one-year project or \$300,000 for a two-year project. No cost share, \$5,000.00 award minimum.

US Fish and Wildlife Service- Cooperative Agriculture- objectives for the use of cooperative agriculture in the National Wildlife Refuge System (NWRS) are: production or modification of specific cover types or growing methods that meet the life history requirements of species for which we have established objectives (e.g., waterfowl production); production of foods for wildlife species for which we have established objectives; and/or maintenance, rehabilitation, or reestablishment of natural habitat. Not financial assistance, “the Service may provide the cooperator with the right to perform agricultural practices on NWRS land and a percentage of any resulting crop yield, as well as the ability to use Service water, equipment, and/or refuge staff. In exchange, the cooperator may provide the Service with labor, equipment, and materials; a percentage of any resulting crop yield; and/or maintenance, rehabilitation, or reestablishment of specific habitat conditions on NWRS lands.”

State Funding: CDFA- No currently listed opportunities, Draft RGA’s for SWEEP /HSP released. Public comment closes 2/20/26. Estimated application opening window April/ May.

Department of Conservation: Round 11a Sustainable Agricultural Lands Conservation Program (SALC) Planning Grants- Application submitted, selected participants for full application in April. Full proposal June 17, 2026.

CDPR- Department of Parks and Recreation: Grants and Cooperative Agreements (GCA) Program provides for well managed Off-Highway Vehicle (OHV) Recreation by providing financial assistance to eligible agencies and organizations that develop, maintain, operate, expand, support, or contribute to well-managed, high-quality, OHV Recreation areas, roads, and trails, and to responsibly maintain the wildlife, soils, and habitat in a manner that will sustain long-term OHV Recreation. Estimated funding of \$30,000,000.00 25% cost share.

CDFW- Nesting Bird Habitat Incentive Program Public Lands Funding 2026-271. Public land projects funded through NBHIP may include the cultivation or retention of upland cover such as annual nesting cover or perennial native grasses and forbs, or management activities to improve the quality of perennial grass habitats such as managing noxious weeds and other undesirable plants. No cost share required, \$850,000 available. 3/13/26 application deadline.

Partnership opportunity- CA Natural Resources Agency Tribal Nature-Based Solutions Climate Bond 2026 Solicitation. \$9.2 available for tribal multi-benefit nature-based solutions projects that will fund land acquisition or other fee title acquisitions benefiting California Native American Tribes. Eligible expenses include costs associated with the purchase of property rights, conservation easements, and water rights/instream flows consistent with requirements of the grant program.

* new business item
2/18/20



Sustainable Agricultural Lands Conservation Grant Writing Proposal

INTRODUCTION

The following proposal has been prepared by Bountiful Agricultural Planning, LLC to provide consulting services for **Excelsior Kings Resource Conservation District (Client)**.

SCOPE OF WORK

The scope of work identified in this proposal includes the preparation of a grant application for the Sustainable Agricultural Lands Conservation (SALC) Grant Program

- Consulting on application strategy
- Designing and reviewing feasible grant outline, partners, objectives
- Preparing the following application deliverables:
 - Pre application preparation and submission
 - Application
 - Work Plan
 - Budget
- Reviewing all submission documents
- Submitting completed grant application

FEES, EXPENSES, & PAYMENT

The scope of work identified in this proposal includes the services needed to address the technical agronomic and writing expertise necessary for your project. The application fee for the Sustainable Agricultural Lands Conservation Grant Program is calculated at our time and materials rate, (see below for breakdown), with a cost not to exceed \$15,000.00

Fee Schedule:

LABOR CATEGORY	HOURLY RATE	PROJECTED HOURS
GRANT WRITER	\$150.00	100

AGREEMENT SPECIFICS AND PAYMENT

Payments will be broken into three tranches: Pre application, application, award. The deferred pre-application fee of \$2,500.00 will be assessed if EKRCDC is invited to submit a full application.



\$5,000.00 will be billed upon the submission of a full grant application. If the application is successful, an award fee of \$7,500.00 will be assessed. Client must pay invoices within 60 days.

TIME FRAME

Work will begin immediately upon receipt of this proposal in anticipation of meeting the submittal dates for the contract work. In signing this document, you are accepting all services and fees as outlined in this agreement and agree to supply the necessary data and documents required and necessary for Bountiful Agricultural Planning, LLC to provide a timely submittal of the grant application.

(Sign Here)

(Print Full Name)

(Date)

(Billing Address)

Subject: Statement of Economic Interest 2025-2026 - Form 700 - Special Districts
Date: Wednesday, January 28, 2026 at 5:22:40 PM Pacific Standard Time
From: Lizaola, Francesca
To: Lizaola, Francesca, catherine.venturella@kings.ca.us, Badasci, Diane, Conflictofinterest
CC: Info, Dusty Ference
Attachments: image001.png, image002.gif, image003.png, image004.gif, Form only 700.pdf, Form 700 and schedules - no instructions.pdf, Form_700_2025_Reference Pamphlet.pdf, Form_700_2025_FAQ's.pdf, Statement of Facts 2026.rtf, Form 805.pdf, Form 700 2024 cover page and schedules only - no instructions.pdf, 2a CC 2 attach Excelsior Conflict of Interest Code.pdf

TO: Department Heads, Boards, Commissions and Special Districts required to file Statement of Economic Interests – Form 700

FROM: Fran Lizaola, Deputy Clerk of the Board of Supervisors

DATE: January 28, 2026

SUBJECT: Statements of Economic Interests – Form 700 - 2025-2026

-
Each year certain boards, commissions and special districts are required to forward Statements of Economic Interests - Form 700 to the Clerk of the Board of Supervisors, which cover the period of January 1 through December 31, 2025. They are required to be filed on or before, **April 1, 2026.**

-
IT IS YOUR RESPONSIBILITY TO FILE. REMINDERS WILL NOT BE SENT

The following items are attached to assist you in filing the Statement of Economic Interests – Form 700:

- Form 700
- Reference Pamphlet
- Form 700 FAQs
- Conflict of Interest Code (***only if on file with the Clerk of the Board***)
- Statement of Facts by Public Agency
- Consultant Form 805
- Form 700 - 2025-26 Cover Page and Schedules ONLY (this is a PDF you can complete, print, sign, and mail).

If you received an email from FPPC stating you are required to file electronically, please email to conflictinterest@co.kings.ca.us

For all other filers, the 2025-2026 version of Form 700 is the only form that will be accepted for your 2025-2026 filing.

Your statement must have an original “**WET**” signature. Please remove any blank schedules before returning to our office.

Please mail the **SIGNED AND DATED** form to:

Clerk of the Board of Supervisors

1400 W. Lacey Blvd.

Hanford, CA 93230

If you have any questions concerning the above instructions, please email conflictofinterest@co.kings.ca.us

If you need more detailed instructions, or believe this information was sent to your entity in error please visit the FPPC Website at <https://www.fppc.ca.gov/Form700.html>

Thank you,



Francesca Lizaola

Deputy Clerk of the Board of Supervisors

Kings County

1400 W. Lacey Blvd.

Hanford, CA 93230

559-852-2371



**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

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

- State
- Multi-County
- City of
- Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of
- Other

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

- Annual:** The period covered is January 1, 2025, through December 31, 2025.
- Leaving Office:** Date Left ____/____/_____
(Check one circle below.)
- Assuming Office:** Date assumed ____/____/_____
-or- The period covered is ____/____/_____, through December 31, 2025.
- The period covered is January 1, 2025, through the date of leaving office.
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- The period covered is ____/____/_____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – schedule attached

-or- **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
()

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 acknowledge this is a public document.

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)

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

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

Name

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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)

Partnership Income Received of \$0 - \$499

Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/25 ____/____/25

ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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)

Partnership Income Received of \$0 - \$499

Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/25 ____/____/25

ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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NATURE OF INVESTMENT

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IF APPLICABLE, LIST DATE:

____/____/25 ____/____/25

ACQUIRED DISPOSED

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GENERAL DESCRIPTION OF THIS BUSINESS

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IF APPLICABLE, LIST DATE:

____/____/25 ____/____/25

ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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\$2,000 - \$10,000 \$10,001 - \$100,000

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NATURE OF INVESTMENT

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Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/25 ____/____/25

ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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\$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:

____/____/25 ____/____/25

ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/25 ____/____/25</p> <p style="text-align: center;">ACQUIRED DISPOSED</p>
---	---

NATURE OF INVESTMENT

 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/25 ____/____/25</p> <p style="text-align: center;">ACQUIRED DISPOSED</p>
---	---

NATURE OF INVESTMENT

 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/25 ____/____/25</p> <p style="text-align: center;">ACQUIRED DISPOSED</p>
---	---

NATURE OF INTEREST

 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/25 ____/____/25</p> <p style="text-align: center;">ACQUIRED DISPOSED</p>
---	---

NATURE OF INTEREST

 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. INCOME RECEIVED
▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME _____

ADDRESS *(Business Address Acceptable)* _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

YOUR BUSINESS POSITION _____

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 _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

_____ *(Describe)*

Other _____
(Describe)

NAME OF SOURCE OF INCOME _____

ADDRESS *(Business Address Acceptable)* _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

YOUR BUSINESS POSITION _____

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 _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

_____ *(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* _____

ADDRESS *(Business Address Acceptable)* _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000

\$1,001 - \$10,000

\$10,001 - \$100,000

OVER \$100,000

INTEREST RATE TERM (Months/Years)

_____ % None _____

SECURITY FOR LOAN

None Personal residence

Real Property _____
Street address

_____ *City*

Guarantor _____

Other _____
(Describe)

Comments: _____

**SCHEDULE D
 Income – Gifts**

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

Name _____

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

- 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 *(Not an Acronym)* _____

ADDRESS *(Business Address Acceptable)* _____

CITY AND STATE _____

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ 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): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ 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): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ 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): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____