

# 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) |
|-----------------|----------|------------------------|
| ___/___/___     | \$ _____ | _____                  |
| ___/___/___     | \$ _____ | _____                  |
| ___/___/___     | \$ _____ | _____                  |

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| ___/___/___     | \$ _____ | _____                  |
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| ___/___/___     | \$ _____ | _____                  |
| ___/___/___     | \$ _____ | _____                  |
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|-----------------|----------|------------------------|
| ___/___/___     | \$ _____ | _____                  |
| ___/___/___     | \$ _____ | _____                  |
| ___/___/___     | \$ _____ | _____                  |

**Filer's Verification**

Print Name \_\_\_\_\_

Office, Agency or Court \_\_\_\_\_

Statement Type      2019/2020 Annual      Assuming      Leaving  
    \_\_\_\_\_ Annual      Candidate

(yr)

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 \_\_\_\_\_

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