

STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only

FOR

AUDITORS AND CLAIM	S MANAGERS/ADJUSTERS*
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A Public Document

Please type or print in ink.				
NAME (LAST) (FIRST)		(MIDDLE)	DAYTIME TELEPHONE NUMBER
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE	E-MAIL ADDRESS
1. Full Name of Agency	3.	Disclosure	e Statement	
	disc busi in a	lose an investr ness position in case involving	ment, source of i a business entity	de for your agency requires you to ncome, interest in real property, or r if you were assigned or participated terest. Complete Part 1 or 1a, or if 2.
Position:		was not assigne n which I had a	n economic intere	cipate in any case or other assignment est as defined by Government Code osure is required.)
2. Type of Statement (Check at least one box)		was not assign or was I assign conomic intere	ned and did not p ned any case or	(Board of Equalization only) participate in any property tax audits other assignment in which I had an Government Code Section 87103.
()			-0	r-
Annual Statement (Year): You are required to file a statement by April 1 of the current year, disclosing reportable interests held or received from January 1 through December 31, of the previous year. If you began work after January 1, report interests held or received from the date you started work// through December 31.	of the and a construction of the and a const	7206 and 8720 f real property articipated duri	nic interest, as de 07, with respect to that was the subj ing the period co	fined by Government Code Sections b a person, business entity or parcel ect of a case assignment in which I vered by the statement, and I have a schedule(s) to report that interest.
				vith filing instructions and Reference (www.fppc.ca.gov).
Leaving Office Statement: You left your position on/ You must file a statement within 30 days after that date disclosing reportable interests held or received from last January 1 through the date you left office.	S	chedule A-1 In	vestments (Less that	n 10% Ownership)
	You S	Schedule A-2 In	vestments (10% or o	Greater Ownership)
	date s	Schedule B Rea	al Property	
			ome, Loans, & Bus Gifts and Travel Paymen	

Note: An assuming office statement is not required. (Regulation 18733)

Schedule E Income - Travel Payments

Schedule D Income - Gifts

Number of pages completed including this cover page:

4. 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	Signature
(month, day, year)	(File this statement with your agency.)
* This form is only for use by certain employees.	Refer to your agency's conflict of interest code regarding your eligibility to use this form and file

the original with your agency.

For detailed information on reporting requirements and the Information Practices Act of 1977, see the Form 700 Instructions and Reference Pamphlet.

> FPPC Form 700-A (2015/2016) FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov