BOE-1400-B REV. 15 (3-19)

CONTRIBUTION DISCLOSURE FOR PARTICIPANT (Witnesses, Etc.)

STATE OF CALIFORNIA
BOARD OF EQUALIZATION

FOR OFFICE USE ONLY (DISCLOSURE ID)

Government Code section 15626(e) requires that a party to, or a participant in, an adjudicatory proceeding pending before the Board shall disclose on the record of the proceeding any contribution or contributions made within the preceding 12 months by the party or participant, or his or her agent, to any Member of the Board.

The Members of the State Board of Equalization are Ted Gaines, Malia M. Cohen, Antonio Vazquez, Mike Schaefer, and State Controller Betty T. Yee.

CASE ID

FOR OFFICE USE ONLY (CLIENT ID)

NAME OF PARTICIPANT

ADDRESS (*city, state, ZIP code*)

YES	NO	
☐	☐	1a. Do you have a financial interest in this matter?
☐	☐	1b. Have you lobbied a Member or his or her deputy, or an employee of the Board, on this matter; or have you testified, or do you plan to testify before the Board on this matter; or have you acted to influence the Board's decision in this matter?

If you answered YES to both, 1a & 1b, go to item 2; if NO, skip to item 8.

☐ ☐ 2. List all "doing business as" or other corporate names used during the previous 12 months:

☐ ☐ 3. Have you made any contribution(s) to any State Board of Equalization Member in the past 12 months? If YES, please complete information about the contribution(s) at the bottom of this form.

☐ ☐ 4. Is the participant a corporation? If YES, go to item 5; if NO, skip to item 8.

☐ ☐ 5. Is the corporation a close corporation? If YES, go to item 6; if NO, skip to item 8.

6. MAJORITY SHAREHOLDER NAME

FOR OFFICE USE ONLY (CLIENT ID)

ADDRESS (*city, state, ZIP code*)

☐ ☐ 7. Has the majority shareholder made any contribution(s) to any State Board of Equalization Member in the past 12 months? If YES, please complete information about the contribution(s) at the bottom of this form.

8. This form must be signed by the majority shareholder (if any) or participant.

SIGNATURE(S)

DATE

NAME(S) AND TITLE

TELEPHONE NUMBER

CONTRIBUTIONS (Do not include contributions from Political Action Committees)

NAME CONTRIBUTED UNDER	CONTRIBUTION DATE	CONTRIBUTION AMOUNT	NAME OF MEMBER

CLEAR PRINT