## BOE-1400-C REV. 13 ('3-19)

## CONTRIBUTION DISCLOSURE FOR AGENT (Attorney, Accountant, Consultant, 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 AGENT							
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ADDRE	SS (city, s	iaie, zii	o coae)					
1 1	iot the o	o o rts i	and/ar particle ent/s) you	ropropert in this case				
		oarty	and/or participant(s) you	represent in this case.				
NAME (	OF PARTY							
NAME	OF PARTIC	IPANT(	(S)					
YES	NO							
		2.	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.					
		3. Are you an employee or member of any firm, company or similar entity? If YES, go to item 4; if NO, skip to ite					, go to item 4; if NO, skip to item 7.	
		4.	ENTITY NAME				FOR OFFICE USE ONLY (CLIENT ID)	
			ADDRESS (city, state, ZIP code)					
		5.	List all "doing business	as" or other corporate na	mes used during the prev	/ious	12 months:	
		6.	Has the entity 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.					
7. T	his forr	n mu	ıst be signed by the aut	horized representative.				
SIGNA	TURE(S)						DATE	
NAME(	S) AND TIT	LE					TELEPHONE NUMBER	
							TEEL HOVE NOWDEN	
			CONTRIBUTION	ONS (Do not include co	ontributions from Politica	al Ac	ction Committees)	
NAME CONTRIBUTED UNDER				CONTRIBUTION DATE	CONTRIBUTION AMOUNT		NAME OF MEMBER	