## (ATTORNEY, ACCOUNTANT, CONSULTANT, AMONG OTHERS)

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 their agent, to any Member of the Board.

The Members of the California State Board of Equalization are Ted Gaines, Sally J. Lieber, Antonio Vazquez, Mike Schaefer, and State Controller Malia M. Cohen.

| AGENT NAME | PETITION NUMBER |
| :--- | :--- |
|  |  |
| AGENT ADDRESS | AGENT EMAIL ADDRESS |
|  |  |

This form must be completed and signed by the authorized representative. (A filed contribution disclosure form is incorporated into the public record of the adjudicatory proceeding to which it relates and will be provided to the public upon request [18 CCR § 7009].)

| List the party and/or participant(s) you represent for this case: |
| :--- |
| Party Representing: |
| Participant(s) Representing: |
| Have you made any contribution(s) to any Member of the State Board of Equalization in the past 12 months? |
| $\square$ Yes $\square$ No If yes, please provide the contribution information in "CONTRIBUTIONS." |
| Are you an employee or member of any firm, company, or similar entity? |
| $\square$ Yes $\quad \square$ No If yes, please provide the entity information below. <br> Entity Name: <br> Entity Address: |
| List all "Doing Business As" or other corporate names used in the previous 12 months: |
|  |
| Has the entity made any contributions to any Member of the State Board of Equalization in the past $\mathbf{1 2}$ months? |
| $\square$ Yes $\square$ No If yes, please provide any contribution information in "CONTRIBUTIONS." |


| CONTRIBUTIONS (Do not include contributions from Political Action Committees.) |  |  |  |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| NAME CONTRIBUTED UNDER | CONTRIBUTION <br> DATE | CONTRIBUTION <br> AMOUNT | MEMBER CONTRIBUTED TO |  |  |  |  |
|  |  |  |  |  |  |  |  |
| SIGNATURE |  |  | DATE SIGNED |  |  |  |  |
|  |  |  |  |  |  |  |  |
| NAME OF SIGNATORY |  |  |  |  |  |  |  |

