

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

A PUBLIC DOCUMENT

Filed Date: 03/28/2019 06:19	PΜ
SAN: FPPC	

NAME OF FILER (LAST) (FIRST) (MIDDLE) S **Duliege** Anne-Marie 1. Office, Agency, or Court Agency Name (Do not use acronyms) California Institute of Regenerative Medicine Division, Board, Department, District, if applicable Your Position **ICOC Board Member** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: ___ 2. Jurisdiction of Office (Check at least one box) X State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County _____ County of ___ City of _____ Other ___ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2018, through Leaving Office: Date Left _____/_ (Check one circle.) December 31, 2018. -or-O The period covered is January 1, 2018, through the date of The period covered is _______, through -or- leaving office. December 31, 2018. Assuming Office: Date assumed ____/___/ ○ The period covered is ______, through the date of leaving office. Candidate: Date of Election _____ and office sought, if different than Part 1: __ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: _ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments – schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property – schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or- ☐ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) CA **Oakland** 94612 1999 Harrison Street STE 1650 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (510)340-9101 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 acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 03/28/2019 06:19 PM **Electronic Submission Date Signed** Signature _ (File the originally signed paper statement with your filing official.) (month, day, year)

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Anne-Marie Duliege

•	Amazon	I	Ascendis
	GENERAL DESCRIPTION OF THIS BUSINESS	I –	ENERAL DESCRIPTION OF THIS BUSINESS
	E-Commerce	 	Pharmaceuticals
	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000	F.	AIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	>	ATURE OF INVESTMENT Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF	FAPPLICABLE, LIST DATE:
		-	
<u> </u>	NAME OF BUSINESS ENTITY Amgen	_	AME OF BUSINESS ENTITY Bayer
	GENERAL DESCRIPTION OF THIS BUSINESS	I –	ENERAL DESCRIPTION OF THIS BUSINESS
	Pharmaceuticals	<u> </u>	Pharmaceuticals
	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000	l 5	AIR MARKET VALUE \$ \$2,000 - \$10,000
	NATURE OF INVESTMENT Stock Other (Describe) Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)	>	ATURE OF INVESTMENT Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF	F APPLICABLE, LIST DATE:
		_	J
>	NAME OF BUSINESS ENTITY Ardelyx	I	IAME OF BUSINESS ENTITY Biomarin
	GENERAL DESCRIPTION OF THIS BUSINESS	I –	ENERAL DESCRIPTION OF THIS BUSINESS
	Pharmaceuticals	F	Pharmaceuticals
	FAIR MARKET VALUE \$2,000 - \$10,000	F.	AIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT Stock Other (Describe)	_	ATURE OF INVESTMENT Stock Other (Describe)
	Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)		Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	l if	F APPLICABLE, LIST DATE:
		_	J
Co	omments:		

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Anne-Marie Duliege

•	Cisco	•	HP, Inc.
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Data networking		Computers
	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000		FAIR MARKET VALUE \$2,000 - \$10,000
	NATURE OF INVESTMENT Stock Other (Describe) Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)		NATURE OF INVESTMENT X Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
<u> </u>	NAME OF BUSINESS ENTITY Exelixis	•	NAME OF BUSINESS ENTITY Idorsia
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Pharmaceuticals		Pharmaceuticals
	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000		FAIR MARKET VALUE \$2,000 - \$10,000
	NATURE OF INVESTMENT Stock Other (Describe) Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)		NATURE OF INVESTMENT Stock
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
>	NAME OF BUSINESS ENTITY	•	NAME OF BUSINESS ENTITY
	Gilead GENERAL DESCRIPTION OF THIS BUSINESS		Innoviva GENERAL DESCRIPTION OF THIS BUSINESS
	Pharmaceuticals		Pharmaceuticals
	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000		FAIR MARKET VALUE \$2,000 - \$10,000
	NATURE OF INVESTMENT Stock Other (Describe)		NATURE OF INVESTMENT Stock Other (Describe)
	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)		Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
C	omments:	_	

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

Name	CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	
	Name	
Anne-Marie Duliege	Anne-Marie Duliege	

•	NAME OF BUSINESS ENTITY	▶	NAME OF BUSINESS ENTITY
	Jazz Pharmaceuticals		Portola Pharmaceuticals
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Pharmaceuticals		Pharmaceuticals
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000 X \$10,001 - \$100,000		\$2,000 - \$10,000 X \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	Stock Other(Describe)		X Stock Other(Describe)
	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)		Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
			<u>, , 18</u> <u>, , 18</u>
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
•	NAME OF BUSINESS ENTITY	1	NAME OF BUSINESS ENTITY
	Monsanto	.	Booking Holdings (formerly Priceline)
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Agrobusiness		Travel
	FAIR MARKET VALUE		FAIR MARKET VALUE
	X \$10,000 X \$10,000		■ \$2,000 - \$10,000 × \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	X Stock Other		X Stock Other
	(Describe) Partnership (Income Received of \$0 - \$499		(Describe) Partnership () Income Received of \$0 - \$499
	O Income Received of \$500 or More (Report on Schedule C)	'	☐ Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	18 06 . 07 . 18		, , 18 , , , 18
	NOGUNED BIOLOGED		//OQUINED BIOI GGEB
>	NAME OF BUSINESS ENTITY	1	NAME OF BUSINESS ENTITY
	Netflix	l .	Regeneron
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Entertainment		Pharmaceuticals
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000 X \$10,001 - \$100,000		■ \$2,000 - \$10,000 ■ \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	1 .	NATURE OF INVESTMENT
	Stock Other (Describe)		X Stock
	Partnership O Income Received of \$0 - \$499		Partnership O Income Received of \$0 - \$499
	○ Income Received of \$500 or More (Report on Schedule C)		○ Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	<u></u>	1 .	
	ACQUIRED DISPOSED	1	ACQUIRED DISPOSED

Comments: _

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Anne-Marie Duliege
Anne-Marie Dullege

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Revance Therapeutics	Seattle Genetics
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals	Pharmaceuticals
FAIR MARKET VALUE	FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	Stock Other
(Describe)	(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule	C) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 18 , , 18	/ / 18 / / 18
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Rigel Pharmaceuticals	Theravance
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals	Pharmaceuticals
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	X \$2,000 - \$10,000
▼ \$100,001 - \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	Stock Other
(Describe) Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule)	(Describe) ☐ Partnership ○ Income Received of \$0 - \$499
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
09 / 17 / 18 09 / 17 / 18	/ / 18 / / 18
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Roche	Ultragenyx
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals	Pharmaceuticals
FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 X \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock
— (Describe) ☐ Partnership	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Income Received of \$500 or More (Report on Schedule	11 U ' "
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 18 , , 18	/ / 18 / / 18
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NO CONTROL DIOF COLD	ACQUINED DISPOSED
Comments:	

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Anne-Marie Duliege

NAME OF BUSINESS ENTIT	Y	•	NAME OF BUSINESS ENTITY		
Loxo			Sangamo		
GENERAL DESCRIPTION OF	F THIS BUSINESS		GENERAL DESCRIPTION OF	THIS BUSINESS	
Pharmaceutical			Pharmaceutical		
FAIR MARKET VALUE			FAIR MARKET VALUE		
\$2,000 - \$10,000	× \$10,001 - \$100,000		× \$2,000 - \$10,000	\$10,001 - \$100,000	
\$100,001 - \$1,000,000	Over \$1,000,000		\$100,001 - \$1,000,000	Over \$1,000,000	
NATURE OF INVESTMENT			NATURE OF INVESTMENT		
X Stock ☐ Other _	(Describe)		X Stock Other	(Describe)	
Partnership O Income R	` ,		Partnership O Income Rec	,	C)
IF APPLICABLE, LIST DATE:			IF APPLICABLE, LIST DATE:		
01 / 22 / 18	<u>, , 18</u>		<u>01 , 26 , 18 </u>	<u> </u>	
ACQUIRED	DISPOSED		ACQUIRED	DISPOSED	
► NAME OF BUSINESS ENTIT	Υ	 	NAME OF BUSINESS ENTITY		
Abbvie			Rigel		
GENERAL DESCRIPTION OF	F THIS BUSINESS		GENERAL DESCRIPTION OF	THIS BUSINESS	
Pharmaceutical			Pharmaceutical		
FAIR MARKET VALUE			FAIR MARKET VALUE		
\$2,000 - \$10,000	X \$10,001 - \$100,000		\$2,000 - \$10,000	× \$10,001 - \$100,000	
\$100,001 - \$1,000,000	Over \$1,000,000		\$100,001 - \$1,000,000	Over \$1,000,000	
NATURE OF INVESTMENT			NATURE OF INVESTMENT		
X Stock Other _			X Stock Other	(9 11)	
☐ Partnership ☐ Income R ☐ Income R	(Describe) Received of \$0 - \$499 Received of \$500 or More (Report on Schedule C)		Partnership O Income Rec	(Describe) ceived of \$0 - \$499 ceived of \$500 or More (Report on Schedule	C)
IF APPLICABLE, LIST DATE:			IF APPLICABLE, LIST DATE:		
01 / 26 / 18	<u></u>		12 / 31 / 18	, , 18	
ACQUIRED	DISPOSED		12 / 31 / 18 ACQUIRED	DISPOSED	
► NAME OF BUSINESS ENTIT	Y	l ▶	NAME OF BUSINESS ENTITY		
Biogen			Hewlett Packard Enter	rprise	
GENERAL DESCRIPTION OF	F THIS BUSINESS		GENERAL DESCRIPTION OF	THIS BUSINESS	
Pharmaceutical			Computers		
FAIR MARKET VALUE			FAIR MARKET VALUE		
\$2,000 - \$10,000	× \$10,001 - \$100,000		× \$2,000 - \$10,000	\$10,001 - \$100,000	
\$100,001 - \$1,000,000	Over \$1,000,000		\$100,001 - \$1,000,000	Over \$1,000,000	
NATURE OF INVESTMENT			NATURE OF INVESTMENT		
X Stock Other _	(Describe)		X Stock Other	(Describe)	
☐ Partnership	(Describe) Received of \$0 - \$499		☐ Partnership	(Describe) ceived of \$0 - \$499	
	Received of \$500 or More (Report on Schedule C)			ceived of \$500 or More (Report on Schedule	C)
IF APPLICABLE, LIST DATE:			IF APPLICABLE, LIST DATE:		
01 / 26 / 18	, , 18		01 / 01 / 18	, , 18	
ACQUIRED	DISPOSED			DISPOSED	

Comments: Hewlett Packard Enterprise - HPE should have appeared in 2017 filling, it was omitted by mistake; it was included in 2016 filling

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Anne-Marie Duliege

•	Tricida	► NA	IME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	 GE	NERAL DESCRIPTION OF THIS BUSINESS
	Pharmaceutical		
	FAIR MARKET VALUE \$\infty\$ \$2,000 - \$10,000		RR MARKET VALUE \$2,000 - \$10,000
	NATURE OF INVESTMENT Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)		TURE OF INVESTMENT Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF	APPLICABLE, LIST DATE:
	09 / 13 / 18 / / / 18 ACQUIRED JISPOSED		
•	NAME OF BUSINESS ENTITY	► NA	ME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GE	NERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	NA	R MARKET VALUE
	IF APPLICABLE, LIST DATE:	IF	APPLICABLE, LIST DATE:
<u> </u>	NAME OF BUSINESS ENTITY	► NA	ME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GE	NERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000	FA	IR MARKET VALUE \$2,000 - \$10,000
	NATURE OF INVESTMENT Stock Other (Describe) Partnership Oncome Received of \$0 - \$499	NA 	TURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499
	○ Income Received of \$500 or More (Report on Schedule C)		○ Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF	APPLICABLE, LIST DATE:
		_	
C	omments:		

SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION				
Name				
Anne-Marie Duliege				

1. INCOME RECEIVED NAME OF SOURCE OF INCOME	► 1. INCOME RECEIVED NAME OF SOURCE OF INCOME
CIRM	Rigel Pharmaceuticals
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1999 Harrison Street STE 1650, Oakland, CA 94612	1180 Veterans Blvd, South San Francisco, CA 94080
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Entity	Pharmaceuticals
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
ICOC Board Member	EVP & CMO
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 VOER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Solvenies Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
X Other Per Diem Payments	Other
(Describe) ➤ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	(Describe)
a retail installment or credit card transaction, made in the members of the public without regard to your official state regular course of business must be disclosed as follow NAME OF LENDER*	lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s: INTEREST RATE TERM (Months/Years) None
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN None Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	City
\$1,001 - \$10,000	City
	Guarantor
OVER \$100,000	Other(Describe)
	(2000.00)
Comments:	