

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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Please type or print in ink.		3/th: 111 8
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Duliege	Anne-Marie	S
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
California Institute of Regenerative	Medicine	
Division, Board, Department, District, if application		Your Position
, , , , , , , , , , , , , , , , , , , ,		
		ICOC Board Member
▶ If filing for multiple positions, list below or	on an attachment. (Do not use	e acronyms)
Agency:		Position:
Agency.		T OSHOT.
2. Jurisdiction of Office (Check at lea	st one box)	
		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
, state		(Statewide Jurisdiction)
Multi-County		County of
City of		Other
3. Type of Statement (Check at least of	ne box)	
Annual: The period covered is January December 31, 2020.	1, 2020, through	Leaving Office: Date Left//(Check one circle.)
The period covered is/_ December 31, 2020 .	, through	The period covered is January 1, 2020, through the date of leaving officeor-
Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
Candidate: Data of Floation	and office cought	, if different than Part 1:
Candidate. Date of Election	and onice sought	, ii dilletent tilan i art i.
4. Schedule Summary (must comp	lete) ► Total number	of pages including this cover page:
Schedules attached		
Schedule A-1 - Investments – schedu	le attached	Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments - schedu	_	□ Schedule D - Income – Gifts – schedule attached
Schedule B - Real Property – schedu	_	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- 🗌 None - No reportable interesi	s on any schedule	
5. Verification		
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public Doc	· ·	
1999 Harrison Street STE 1650 DAYTIME TELEPHONE NUMBER	Oaklaı	nd CA 94612 Temail address
		EMAIL ADDRESS
(510) 340-9101	na this statement. I have revis	wood this statement and to the heat of my knowledge the information contained
herein and in any attached schedules is true		ewed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the	laws of the State of Californ	nia that the foregoing is true and correct.
20/27/2021	DM	E
Date Signed 03/05/2021 03:23 (month, day, year)	PM	File the originally signed paper statement with your filing official.)
(monur, day, year)		trice are originally signed paper statement with your lilling unitial.)

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

Investments must be itemized. Do not attach brokerage or financial statements. CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Anne-Marie Duliege

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Abbvie	Biogen
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals	Pharmaceuticals
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$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 Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(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:	IF APPLICABLE, LIST DATE:
, , 20 , , 20	/ / 20 / / 20
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Amazon	Biomarin
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
E-Commerce	Pharmaceuticals
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	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	X Stock Other (Describe)
(Describe) Partnership () Income Received of \$0 - \$499	(Describe) Partnership (Describe) Partnership (Describe)
☐ 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:
, , 20 , , 20	/ / 20 / / 20
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Amgen	Booking Holdings
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceutical	Travel
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 Other (Describe)
(Describe) Partnership () Income Received of \$0 - \$499	Partnership () 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:
VOMOII/FD DIOL OGED	ACQUIRED 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 FAIR POLITICAL PRACTICES COMMISSION Name Anne-Marie Duliege

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Cisco	Idorsia
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Data Networking	Pharmaceuticals
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	
\$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	NATURE OF INVESTMENT X Stock Other
(Describe)	(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule Company)	Partnership Olncome Received of \$0 - \$499 Olncome Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 20 , , , 20	/ / 20 / / 20
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Exelixis	Jazz Pharmaceutical
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
X Stock Other (Describe)	Stock Other (Describe)
(Describe) Partnership O Income Received of \$0 - \$499	(Describe) Partnership Olncome Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 20 , , 20	1 , , 20 , , 20
ACQUIRED DISPOSED	
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Gilead	Netfix
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals	Entertainment
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	<u>×</u> \$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 (Describe)	X Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule Co	Partnership Olncome Received of \$0 - \$499 Olncome Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 20 , , 20	/ / 20 / / 20
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	11
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

Do not attach brokerage or financial statements.

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Ascendis Pharma	Seagen
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
\$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 Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 20 , , 20	/ / 20 / / 20
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Regeneron	Tricida
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
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 20 , , 20	/ / 20 / / 20
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	\$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
Stock Other (Describe)	Stock Other (Describe)
Partnership Olncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Olncome Received of \$0 - \$499 Olncome Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ / 20 / / 20
ACQUIRED DISPOSED	ACQUIRED 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 ENTITY	▶	NAME OF BUSINESS ENTITY
	Vertex		
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Pharmaceuticals		
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$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
	NATURE OF INVESTMENT Stock Other		NATURE OF INVESTMENT Stock Other
	(Describe)		(Describe)
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)		Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
	C income reconvey of wore (report on conceans of		O moonie reconsed of 4000 of more (hopes of oblication of
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	, , 20 , , 20		, , 20 , , , 20
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
-	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
	Bayer		
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Pharmaceuticals		
	Filaimaceuticals		
	FAIR MARKET VALUE	l I .	FAIR MARKET VALUE
	× \$2,000 - \$10,000		<u>\$2,000 - \$10,000</u> <u>\$10,001 - \$100,000</u>
	\$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)		Stock Other(Describe)
	Partnership O Income Received of \$0 - \$499		Partnership () 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:
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
<u></u>	NAME OF BUSINESS ENTITY	▶	NAME OF BUSINESS ENTITY
	Innoviva		
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Pharmaceuticals		
	FAIR MARKET VALUE		FAIR MARKET VALUE
	X \$2,000 - \$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
	Stock Other (Describe)		Stock Other (Describe)
	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:
	, , 20 12 , 29 , 20		, , 20 , , , 20
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
	'	1	

Comments: __

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

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

NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
CIDM	Pancreatic Cancer Network
CIRM ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1999 Harrison Street STE 1650, Oakland, CA 94612	1500 Rosecrans Ave, Suite 200, Manhattan Beach, CA 90266
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Entity	Non-Profit Organization
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
ICOC Board Member	Chief medical Officer
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$\$10,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Spouse's or registered domestic partner's income (For self-employed use 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.)
Loan repayment	Loan repayment
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)
— Per Diem Payments	(2008.180)
YXI ()ther	Other
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	Other(Describe) ERIOD
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the commercial are tail installment.	(Describe) ERIOD lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official or regular course of business must be disclosed as follows: NAME OF LENDER*	(Describe) ERIOD lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's status.
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official segular course of business must be disclosed as follows:	(Describe) ERIOD lending institution, or any indebtedness created as part of the lender's regular course of business on terms available estatus. Personal loans and loans received not in a lender's status. INTEREST RATE TERM (Months/Years)
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official or regular course of business must be disclosed as follows: NAME OF LENDER*	(Describe) ERIOD lending institution, or any indebtedness created as part of the lender's regular course of business on terms available estatus. Personal loans and loans received not in a lender's status. INTEREST RATE TERM (Months/Years) None
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official sergular course of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	(Describe) ERIOD lending institution, or any indebtedness created as part of the lender's regular course of business on terms available estatus. Personal loans and loans received not in a lender's status. INTEREST RATE Whone SECURITY FOR LOAN
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your officials regular course of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	CDescribe) ERIOD
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official sergular course of business must be disclosed as follows: **NAME OF LENDER** **ADDRESS (Business Address Acceptable)* **BUSINESS ACTIVITY, IF ANY, OF LENDER** **HIGHEST BALANCE DURING REPORTING PERIOD* **\$\[\] \\$500 - \\$1,000	CDescribe) ERIOD
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official segular course of business must be disclosed as follows: **NAME OF LENDER** **ADDRESS (Business Address Acceptable)* **BUSINESS ACTIVITY, IF ANY, OF LENDER* **HIGHEST BALANCE DURING REPORTING PERIOD* **\$\$\frac{1}{2}\$	CDescribe
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official sergular course of business must be disclosed as follows: **NAME OF LENDER** **ADDRESS (Business Address Acceptable)* **BUSINESS ACTIVITY, IF ANY, OF LENDER** **HIGHEST BALANCE DURING REPORTING PERIOD* **\$\[\] \\$500 - \\$1,000	CDescribe
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official segular course of business must be disclosed as follows: **NAME OF LENDER** **ADDRESS (Business Address Acceptable)* **BUSINESS ACTIVITY, IF ANY, OF LENDER* **HIGHEST BALANCE DURING REPORTING PERIOD* **\$\frac{1}{2}\$\$ \$500 - \$1,000 **\$\frac{1}{2}\$\$ \$1,000	CDescribe

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	NAME OF SOURCE OF INCOME
Rigel Pharmaceuticals	Federation Bio
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1180 Veterans Blvd, South San Francisco, CA 94080	280 Utah Ave, Ste 250, South San Francisco, CA 94080
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pharmaceuticals	Pharmaceuticals
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
EVP & CMO	Consutant
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
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 Spouse's or registered domestic partner's income (For self-employed use 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.) Loan repayment	(Real property, car, boat, etc.)
	Loan repayment
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)
(Describe)	(Describe) A Other Consulting Fee
(Describe) Other(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	Other Consulting Fee (Describe)
Other(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commercia a retail installment or credit card transaction, made in the second content of	PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
Other	PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
Other	Consulting Fee (Describe) PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's vs:
Other	Consulting Fee (Describe) PERIOD Il lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's vs: INTEREST RATE None None
Other	Consulting Fee (Describe) PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's vs: INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	Consulting Fee (Describe) PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's vs: INTEREST RATE TERM (Months/Years) Mone SECURITY FOR LOAN None Personal residence Real Property Street address
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	Consulting Fee (Describe) PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender'ys: INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN None Personal residence
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	Consulting Fee (Describe) PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's: INTEREST RATE TERM (Months/Years) SECURITY FOR LOAN None Personal residence Real Property Street address
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	Consulting Fee (Describe) PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's vs: INTEREST RATE Whone SECURITY FOR LOAN None Personal residence Real Property Street address City