

Confidential Financial Disclosure Report for Members of the Scientific and Medical Facilities Working Group

NAME:

\_\_\_\_\_  
*(First)* *(Last)*

ADDRESS:

\_\_\_\_\_  
*(Street)* *(City)* *(State)* *(Country)* *(Zip)*

Please identify and list financial or property interests that you hold, which fall into the following categories:

*(Use additional pages if necessary.)*

- 1) California-based academic or non-profit research institutions from which you, or your spouse or domestic partner, have received ~~current~~ income or other benefits (such as honoraria, consultant fees, travel expenses, etc.) of \$5,000 or more in the past year.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2) All construction, real estate or development firms from which you, or your spouse or domestic partner or any other person with whom you have a common financial interest, receive current income or other benefits or hold investments of more than \$5,000.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3) All real property interests in California.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 4) Other financial interest(s) that may be affected directly or indirectly by the activities of this Working Group.

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name