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STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Filing Official Use Only

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Filed Date: 03/28/2022 04:09 PM

SAN: FPPC

NAME OF FILER	(LAST)		(FIRST)		(MIDDLE)
Gayaldo		Jill		G.	
1. Office, Age	ncy, or Court				
Agency Name	(Do not use acronyms)				
City of Rocl	klin				
Division, Board,	Department, District, if applicable		Your Position	I	
			City Cour	ncil Member	
► If filing for m	nultiple positions, list below or on an attachm	ent. (Do not us	e acronyms)		
Agency:			Position:		
2. Jurisdictio	n of Office (Check at least one box)				
State	,		☐ Judge, Reti (Statewide ऽ		Judge, or Court Commissioner
Multi-County	/		County of _		
□ City of Ro	cklin		Other		
3. Type of Sta	atement (Check at least one box)				
× Annual: T	The period covered is January 1, 2021, through the period covered is Jan	gh	Leaving C		
-or- T	the period covered is/	, through		eriod covered is Janu	one circle.) lary 1, 2021, through the date of
	Office: Date assumed//		-or- The pe		/, through
Candidate:	Date of Electionand	office sought, if		•	
Schedules			Schedule C - Inco	ome, Loans, & Busin	ess Positions – schedule attached
=	ile B - Real Property – schedule attached	<u>Ľ</u>	_		Payments – schedule attached
-or-		L		and Cate Travel	r aymonio concusto attachoa
☐ None - I	No reportable interests on any sched	lule			
5. Verification					
MAILING ADDRESS (Business or Agency	S STREET y Address Recommended - Public Document)	CITY		STATE	ZIP CODE
3970 Rockl		Rocklin		CA	95677-2720
DAYTIME TELEPHO	ONE NUMBER		E-MAIL ADDRESS		
	reasonable diligence in preparing this statement				knowledge the information contained
	ny attached schedules is true and complete. penalty of perjury under the laws of the s	-	•		ct
i certify under	penalty of perjuly under the laws of the s	otate of Callion	na mai me mregom	y is true and corre	u.
Date Signed	03/28/2022 04:09 PM	S	ignature	Jill G.	Gayaldo
	(month, day, year)		•	e the originally signed paper :	statement with your filing official.)

SCHEDULE D Income - Gifts



► NAME OF SOURCE	· ·	n)	► NAME OF SOUR	CE (Not an Acrony	m)
Taylor Builder	rs				
ADDRESS (Busine	ss Address Accept	able)	ADDRESS (Busine	ess Address Accept	table)
BUSINESS ACTIV	ITY. IF ANY. OF S	SOURCE	BUSINESS ACTIV	TITY. IF ANY. OF S	SOURCE
Construction I				, , 2	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 , 20 , 21	\$	Placer Business Alliance conference dinner sponsor		\$	
	\$			\$	
	\$			\$	
► NAME OF SOURC	CE (Not an Acronyr	n)	► NAME OF SOURCE	CE (Not an Acrony	m)
AKT Develop	ment				
ADDRESS (Busine	ss Address Accept	able)	ADDRESS (Busine	ess Address Accept	table)
PHOINTSO ACTIV	ITV IE ANV OF C	ACLIDOF.		UTV IF ANN OF C	20UDOF
Construction		OURCE	BUSINESS ACTIV	TIY, IF ANY, OF S	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 , 21 , 21		Placer Business Alliance conference dinner sponsor		\$	
	\$			\$	
	\$			\$	
► NAME OF SOURC	CE (Not an Acronyi	n)	Filer's Verific		
			Print Name Jill G	ayaldo	
ADDRESS (Busine	ss Address Accept	able)	Office, Agency Cir		
BUSINESS ACTIV	ITY, IF ANY, OF S	OURCE	Statement Type	× 2021/2022 An	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		Annua	
	\$		reviewed this staten	nent and to the be	in preparing this statement. I have est of my knowledge the information ed schedules is true and complete.
/	\$		I certify under pe California that the	nalty of perjury foregoing is tr	under the laws of the State of the and correct.
/	\$		Date Signed		/2022 04:09 PM onth, day, year)
			Filer's Signature _		lill G. Gayaldo

Comments: _____



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Filed Date: 03/23/2022 09:17 PM SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Gayaldo	Jill		G.	
1. Office, Agency, or Co	ourt			
Agency Name (Do not use a	acronyms)			
City of Rocklin				
Division, Board, Department,	District, if applicable		Your Position	
			City Council Member	
► If filing for multiple position	ns, list below or on an attachment.	(Do not use acron	yms)	
			B ***	
Agency:			Position:	
2. Jurisdiction of Office	e (Check at least one box)			
State			Judge, Retired Judge, Pro Tem	Judge, or Court Commissioner
_			(Statewide Jurisdiction)	
Multi-County			County of	
City of Rocklin			Other	
3. Type of Statement (Check at least one box)			
	vered is January 1, 2021, through		Leaving Office: Date Left	
December 31,				one circle.)
	vered is//	_, through	The period covered is Jan leaving office.-or-	uary 1, 2021, through the date of
Assuming Office: Date	e assumed/		The period covered is the date of leaving office.	/
Candidate: Date of Ele	ction and o	office sought, if diffe	rent than Part 1:	
4. Schedule Summary	(must complete) ► Tota	al number of pa	ges including this cover	page: 2
Schedules attached	d			
⋉ Schedule A-1 - Inves	stments – schedule attached	☐ Sche	dule C - Income, Loans, & Busin	ess Positions - schedule attached
Schedule A-2 - Inves	stments - schedule attached		dule D - Income - Gifts - schedu	
Schedule B - Real P	roperty - schedule attached	☐ Sche	dule E - Income – Gifts – Travel	Payments - schedule attached
	ortable interests on any sche	dule		
5. Verification	OTDEET	OITV	OTATE	7/0 0005
MAILING ADDRESS (Business or Agency Address Recom	STREET nmended - Public Document)	CITY	STATE	ZIP CODE
3970 Rocklin Rd		Rocklin	CA	95677-2720
DAYTIME TELEPHONE NUMBER		EMAIL	ADDRESS	
)				
	ligence in preparing this statement. chedules is true and complete. I a		-	knowledge the information contained
I certify under penalty of p	erjury under the laws of the Stat	e of California that	t the foregoing is true and corre	ect.
Data Ciamad 02/20	3/2022 09:17 PM	01		Gayaldo
Date Signed03/23	(month day year)	Signatui	·	Gayaldo

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 Jill Gayaldo

-	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
	Grocery Outlet Holding Co		
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Grocer		
	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 Stock Other (Describe)		NATURE OF INVESTMENT Stock Other (Describe)
	Partnership		Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
•	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000		\$2,000 - \$10,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	Stock Other (Describe)		Stock Other(Describe)
	Partnership		Partnership
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	, , 21 , , 21		, , 21 , , 21
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
<u></u>	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	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		S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	Stock Other		Stock Other (Describe)
	(Describe) Partnership		(Describe) Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	, , 21 , , 21		, , 21 , , 21
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
		ı	

Comments: _

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

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STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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Date Initial Filing Received Filing Official Use Only

Filed Date: 03/22/2021 04:58 PM

SAN: FPPC

NAME OF FILER (LAST	r) (FIRST)	(MIDDLE)
Gayaldo	Jill	G.
1. Office, Agen	cy, or Court	
Agency Name (L	Do not use acronyms)	
City of Rockl	lin	
Division, Board, I	Department, District, if applicable	Your Position
		City Council Member
▶ If filing for mu	Itiple positions, list below or on an attachment.	(Do not use acronyms)
Agency:		Position:
2. Jurisdiction	of Office (Check at least one box)	
State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		
City of Roc		
City of 1000		Other
Type of Stat	tement (Check at least one box)	
De	e period covered is January 1, 2020, through cember 31, 2020.	Leaving Office: Date Left/(Check one circle.)
	e period covered is/	, through On The period covered is January 1, 2020, through the date of leaving office.
Assuming C	Office: Date assumed/	
Candidate:	Date of Election and o	office sought, if different than Part 1:
4. Schedule Su	ummary (must complete) ► Total	al number of pages including this cover page:
Schedules		
Schedule	A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
	A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached
_	B - Real Property - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- ☐ None	 No reportable interests on any sched 	dule
5. Verification		
MAILING ADDRESS (Business or Agency)	STREET Address Recommended - Public Document)	CITY STATE ZIP CODE
3970 Rocklin		Rocklin CA 95677-2720
DAYTIME TELEPHON	NE NUMBER	EMAIL ADDRESS
	asonable diligence in preparing this statement.	I have reviewed this statement and to the best of my knowledge the information contained acknowledge this is a public document.
I certify under p	enalty of perjury under the laws of the State	e of California that the foregoing is true and correct.
Date Signed	03/22/2021 04:58 PM	Signature Electronic Submission
_	(month, day, year)	(File the originally signed paper statement with your filing official.)

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
5	Name
	Jill Gayaldo

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Grocery Outlet Holding Co	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Grocer	II .
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
X Stock Other	Stock Other
(Describe)	(Describe)
Partnership O 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)
O Income Neceived of \$500 of More (Nepoli of Schedule	O income Received of \$500 of More (Report on Schedule C)
IE ADDITIONE ELICE DATE.	IF APPLICABLE, LIST DATE:
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE.
, , 20 , , 20	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	II .
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O 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)
	II.
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
00	00 00
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BURNESS FUTITY	► NAME OF BUSINESS ENTITY
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
SENERAL BESONITION OF THIS BOSINESS	SERENCE SESSION FISH OF THIS SOUNCES
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \qquad \qqquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq	\$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	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O 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)
IE ADDI ICADI E LICE DATE.	IS ADDITION OF LIST DATE.
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 20 , , 20	/ / 20 / / 20
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	11
Comments:	



STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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Filed Date: 05/28/2020 06:39 PM SAN: FPPC

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NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Gayaldo	Jill	(3.
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Rocklin			
Division, Board, Department, District, if applicable		Your Position	
		City Council Memb	er
► If filing for multiple positions, list below or on an at	tachment. (Do not use	•	
Agency:		_ Position:	
2. Jurisdiction of Office (Check at least one b	ox)		
☐ State		☐ Judge, Retired Judge, P (Statewide Jurisdiction)	ro Tem Judge, or Court Commissioner
Multi-County		County of	
City of Rocklin		Other	
3. Type of Statement (Check at least one box)		_	
Annual: The period covered is January 1, 2019, December 31, 2019.	through	_	Left/// Check one circle.)
The period covered is/	, through	 The period covered leaving office. 	is January 1, 2019, through the date of
Assuming Office: Date assumed/	<i>J</i>	 The period covered the date of leaving 	is/, through office.
Candidate: Date of Election	_ and office sought,	if different than Part 1:	
4. Schedule Summary (must complete)	► Total number	of pages including this c	over page:3
Schedules attached			
Schedule A-1 - Investments – schedule attach	ned	Schedule C - Income, Loans, &	Business Positions - schedule attached
Schedule A-2 - Investments – schedule attach	ned 🔀	Schedule D - Income - Gifts -	schedule attached
Schedule B - Real Property - schedule attach	ied	Schedule E - Income - Gifts -	Travel Payments - schedule attached
-or- □ None - No reportable interests on a	ny schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STA	ATE ZIP CODE
3970 Rocklin Rd	Rocklin	C	A 95677-2720
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
() -			
I have used all reasonable diligence in preparing this s herein and in any attached schedules is true and com			t of my knowledge the information contained
I certify under penalty of perjury under the laws o	f the State of Californ	ia that the foregoing is true an	d correct.
Date Signed 05/28/2020 06:39 PM	\$	gnature Elec	etronic Submission
(month. day, year)			ned paper statement with your filing official.)

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
Jill Gayaldo

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Grocery Outlet Holding Co	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Grocer	
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
Stock	Stock Other
(Describe)	(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:
, , 19 , , 19	/ / 19 / / 19
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	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)
O mostle reserved of pool of more propert on constant of	C modified recognised of word (responsible of
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 19 , , 19	, , 19 , , 19
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	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
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:
, , 19 , , 19	, , 19 , , 19
ACQUIRED DISPOSED	ACQUIRED DISPOSED
AOGOINED DIOI OOLD	TOGOTIVED DIOLOGED
Comments:	

SCHEDULE D Income - Gifts



► NAME OF SOUR	CE (Not an Acrony	vm)	► NAME OF SOURCE	CE (Not an Acron	ym)
Hefner Law			Sierra College Foundation		
ADDRESS (Busine	ess Address Accep	table)	ADDRESS (Busine		
BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE	BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE
Law Offices			Education		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 04 / 19	_{\$} 200.00	Cap to Cap Banquet sponsor Food/Beverage	05 / 03 / 19	_{\$_} 75.00	Cap to Cap Food Beverage
/	\$		<u>05 , 05 , 19</u>	\$41.15	Cap to Cap Sponsor Food Beverage
//	\$			\$	_
► NAME OF SOUR	CE (Not an Acrony	vm)	► NAME OF SOURCE	CE (Not an Acron	nym)
Dignity Health	n .		Sutter Health	•	•
ADDRESS (Busine	ess Address Accep	table)	ADDRESS (Busine	ss Address Acce	ptable)
BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE	BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE
Healthcare			Healthcare		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S) Cap to Cap brunch sponsor	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S) Cap to Cap Sponsor
05 / 05 / 19	\$ <u>75.00</u>	Food & Beverage	05 / 06 / 19	\$_157.28	Food/Beverage
/	\$			\$	_
	\$			\$	
► NAME OF SOUR	CE (Not an Acrony	vm)	► NAME OF SOURCE	CE (Not an Acron	ym)
Kaiser Perma	anente		Wood Rodge	rs	
ADDRESS (Busine	ess Address Accep	table)	ADDRESS (Busine	ss Address Acce	ptable)
BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE	BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE
Healthcare DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	Engineering DATE (mm/dd/vv)	VALUE	DESCRIPTION OF GIFT(S)
DATE (mm/dd/yy)	VALUE	Cap to Cap banquet sponsor	DATE (mm/dd/yy)		Open House Food &
<u>05 , 05 , 19</u>	\$ 188.25	Food & Beverage	<u>09 / 23 / 19</u>	\$ 50.00	Beverage
	\$			\$	_
/	\$			\$	_
Comments					
comments:					

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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Filed Date: 01/29/2019 09:15 PM SAN: FPPC

NAME OF FILER (LA	ST)	(FIRST)	(MIDDLE)
Gayaldo		Jill	G.
1. Office, Age	ncy, or Court		
Agency Name	(Do not use acronyms)		
City of Roc			
Division, Board	, Department, District, if applicable		Your Position
_			City Council Member
► If filing for m	nultiple positions, list below or on an attach	ment. (Do not	use acronyms)
Agency:			Position:
2. Jurisdictio	n of Office (Check at least one box)		
□ State			☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-Count	у		County of
	cklin		
3. Type of St	atement (Check at least one box)		
	The period covered is January 1, 2018, thr	ough	Leaving Office: Date Left//
-or-	December 31, 2018.		(Check one circle.)
	The period covered is//	, through	 The period covered is January 1, 2018, through the date of -or-
☐ Assuming	Office: Date assumed//_		O The period covered is/
☐ Candidate	: Date of Election	and office soug	ht, if different than Part 1:
		Total numb	er of pages including this cover page:2
Schedules	attached		
	ile A-1 - Investments - schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attached
	le A-2 - Investments - schedule attached		Schedule D - Income - Gifts - schedule attached
∐ Schedu	le B - Real Property - schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- □ None	e - No reportable interests on any	schedule	
5. Verification			
MAILING ADDRESS (Business or Agent	S STREET by Address Recommended - Public Document)	CITY	STATE ZIP CODE
3970 Rock		Rocklin	CA 95677-2720
DAYTIME TELEPH			EMAIL ADDRESS
	reasonable diligence in preparing this state ny attached schedules is true and complet		viewed this statement and to the best of my knowledge the information contained ge this is a public document.
I certify under	penalty of perjury under the laws of the	State of Califo	ornia that the foregoing is true and correct.
Date Signed	01/29/2019 09:15 PM		Signature Electronic Submission
Date Signed	(month, day, year)		(File the originally signed paper statement with your filing official.)

SCHEDULE D Income – Gifts



	E (Not an Acrony	rm)	► NAME OF SOURCE	(Not an Acrony	rm)
WOOD RODO	GERS				
ADDRESS (Busines	ss Address Accer	otable)	ADDRESS (Busines	s Address Accep	otable)
BUSINESS ACTIVI	TY. IF ANY. OF S	OURCE	BUSINESS ACTIVIT	Y, IF ANY, OF S	SOURCE
ENGINEERIN				,	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 27 / 18	\$ 50.00	open house bbq		\$	_
	\$			\$	
	\$	- 8		\$	
NAME OF SOURC	E (Not an Acrony	m)	► NAME OF SOURCE	(Not an Acrony	/m)
SIERRA COL	LEGE RECE	EPTION			
ADDRESS (Busines	ss Address Accep	otable)	ADDRESS (Busines	s Address Accep	otable)
ROCKLIN RO	AD, ROCKL	IN CA			
BUSINESS ACTIVI	TY, IF ANY, OF S	OURCE	BUSINESS ACTIVIT	Y, IF ANY, OF S	OURCE
EDUCATION					
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 , 19 , 18	\$ 20.00	BREAKFAST		\$	_
	\$			\$	
	\$	-		\$	
NAME OF SOURC		m)	► NAME OF SOURCE	(Not an Acrony	rm)
HOLY CROS		otable)	ADDRESS (Busines	s Address Accep	otable)
DUONIEGO AGTIVIS	EV 15 ANY 05 0	OUDOE	DUONEOD ACTIVITA	7/ IE ANY OF 0	ACUIDOE.
BUSINESS ACTIVITED CHURCH	IY, IF ANY, OF S	OURCE	BUSINESS ACTIVIT	Y, IF ANY, OF S	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 , 10 , 18	<u>\$ 10</u>	PANCAKE BREAKFAST		\$	
	\$			\$	
			11		

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTEREST COVER PAGE

S	Date Initial Filing Received Official Use Only JUL 3 1 2018
By	mp

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)

NA	ME OF FILER (LAST)	(FIRST)		(MIDDLE)
	C. More	JILL		<i>Q.</i>
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)		1 2	
	KOCKLIN CITY COUNCE	12	CANDIDATE	
	Division, Board, Department, District, if applicable		Your Position	
	► If filing for multiple positions, list below or on an attachme	ent. (Do not use	acronyms)	
	Agency:		_ Position:	
2.	Jurisdiction of Office (Check at least one box)			
	State		☐ Judge or Court Commissioner (State	ewide Jurisdiction)
	Multi-County		County of	
	Dity of ROCKIN, CA		Other	
	City of			
3.	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2017, throug December 31, 2017.	jh	Leaving Office: Date Left/ (Check one)	
	The period covered is//	, through	 The period covered is January leaving office. 	1, 2017, through the date of
	Assuming Office: Date assumed		The period covered is/_ the date of leaving office.	, through
	Candidate: Date of Election 11-le-18 and	d office sought,	if different than Part 1:	
4.	Schedule Summary (must complete) ▶ 7	otal number	of pages including this cover page	: 2
	Schedules attached		p-g p-g-	
	Schedule A-1 - Investments - schedule attached		Schedule C - Income, Loans, & Business F	Positions – schedule attached
	Schedule A-2 - Investments - schedule attached		Schedule D - Income - Gifts - schedule at	
	Schedule B - Real Property - schedule attached		Schedule E - Income - Gifts - Travel Payn	nents - schedule attached
-(or-			
	☐ None - No reportable interests on any schedeling interests on any schedeling interests.	ule		
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
				11 1210
	D			,
	I have used all reasonable diligence in preparing this statement herein and in any attached schedules is true and complete.			rledge the information contained
	I certify under penalty of perjury under the laws of the S	-	•	
	Date Signed 7 - 30 - 18		gnature Par Ja	ynedo
Name of Street	(month, day, year)		(File the originally signed statement	witti your пііпд отісіві.)

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%) Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
JIM GAYACDO
91191190

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
CENERAL DESCRIPTION OF THIS PUBLISHESS	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS INVESTMENT advisoroy fin	GENERAL DESCRIPTION OF THIS BUSINESS
Investment advisorory fin	m
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \qquad \$10,001 - \$100,000
□ \$100,001 - \$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 O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule)	C) O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
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
Stock Other	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	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
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
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 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:
, , 17 , , 17	, , 17
//	
	11

Comments:

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

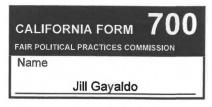
Date Initial Filing Received
Official Use Only

COVER PAGE

Filed Date: 03/20/2018 09:47 PM SAN: FPPC

Please type or print in ink.	SAN, FPPC
NAME OF FILER (LAST) (FIRST)	(MIDDLE)
Gayaldo Jill	G.
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
City of Rocklin	
Division, Board, Department, District, if applicable	Your Position
	City Council Member
► If filing for multiple positions, list below or on an attachment. (Do n	
Agency: SEE ATTACHED LIST	Position:
2. Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County	
City of Rocklin	Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2017, through December 31, 2017.	Leaving Office: Date Left/
The period covered is	
Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
Candidate: Date of Election and office s	ought, if different than Part 1:
4. Schedule Summary (must complete) ► Total num Schedules attached	nber of pages including this cover page:2
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 (Business or Agency Address Recommended - Public Document)	Y STATE ZIP CODE
,	ocklin CA 95677-2720
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
()	
I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknowled	reviewed this statement and to the best of my knowledge the information contained ledge this is a public document.
I certify under penalty of perjury under the laws of the State of Co	
Date Signed03/20/2018 09:47 PM	Signature Electronic Submission
(month day year)	(File the originally signed statement with your filing official)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE ATTACHMENT



EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
City of Rocklin		Planning Commissioner	City of Rocklin	Annual	10/25/16 - 01/05/17

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Jill G Gayaldo 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Rocklin, CA Division, Board, Department, District, if applicable Your Position **Planning Commission** Planning Commissioner ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: _ 2. Jurisdiction of Office (Check at least one box) State Judge or Court Commissioner (Statewide Jurisdiction) County of ___ Multi-County _ City of Rocklin 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left ____/___ December 31, 2015. (Check one) O The period covered is January 1, 2015, through the date of The period covered is _ __, through leaving office. December 31, 2015. 10, 25 O The period covered is ____ Assuming Office: Date assumed _ the date of leaving office. Candidate: Election year __ and office sought, if different than Part 1: _ Schedule Summary (must complete) > Total number of pages including this cover page: _ Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule Di-Income - Gilts - schedule attached Schedule B - Real Property - schedule attached . Schedule E - Income - Gifts - Travel Payments - schedule attached None - No reportable interests on any schedule. 5. Verification MAILING ADDRESS CITY STATE STREET ZIP CODE (Business or Agency Address Recommended - Public Document) Rocklin CA 95677 3970 Rocklin Road 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. Date Signed _____12/05/2016 Signature . (month, day, year) (File the originally signed statement with your filing official.)

FPPC Form 700 (2015/2016)

FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

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

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Jill G. Gayaldo

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Amencan Funds	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
TSA 457 account	
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
Stock Other(Describe)	Stock Other(Describe)
Partnership O 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:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
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	MATURE OF IMPERIAL
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(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)
O modifie Received of Good of Middle (Report of Business)	C most in received of \$500 of Male (responsion Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 15 // / 15	/ / 15 / / 15
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
CENERAL PERSONNI NON OF WHO PROMILES	CENTINE BESSIAL HOLD S. THIS BESIALES
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
Stock Other (Describe)	Stock Other
Partnership O Income Received of \$0 - \$499	(Describe) 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
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	•
Comments:	

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Jill G. Gayaldo

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Dan & DaWayne's Laundromat	
Name	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Coin Laundromat	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 /	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 J
NATURE OF INVESTMENT ✓ Partnership ☐ Sole Proprietorship ☐Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION CO-OWNER	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
□ \$0 - \$499	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) ✓ None or Names listed below	3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Jill G. Gayaldo

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
3810 Diamond Court	
CITY	CITY
Rocklin, CA 95677	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 J_15 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
✓ Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold Yrs. remaining Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	