

**INSTRUCTIONS — SCHEDULE F  
INCOME – GIFTS  
TRAVEL PAYMENTS, ADVANCES,  
AND REIMBURSEMENTS**

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Reportable travel payments include advances and reimbursements for travel and related lodging and subsistence.

**You are not required to disclose:**

- Travel payments received from any state, local, or federal government agency for which you provided services equal or greater in value than the payments received.
- Travel payments received from your employer in the normal course of your employment.
- Payments or reimbursements for transportation within California in connection with an event at which you gave a speech, participated in a panel or seminar, or performed a similar service.
- Food, beverages, and necessary accommodations received directly in connection with an event held inside or outside California at which you gave a speech, participated in a panel, or provided a similar service. Note that payments for transportation outside of California are reportable.
- A travel payment which was received from a nonprofit entity exempt from taxation under Section 501(c)(3) of the Internal Revenue Code for which you provided equal or greater consideration.

**REMINDERS**

- ✓ Did you receive travel payments during the period covered by this statement?
- ✓ Code filers - Travel payments, advances, and reimbursements for travel, like gifts, are types of "income." Did you receive travel payments from any individual or entity required to be reported as a source of income under your code?

**TO COMPLETE SCHEDULE F:**

- Disclose the name and address of the source of the travel payment.
- Identify the business activity, if any, of the source.
- Check the box to indicate if the payment was a gift or income, report the amount, and disclose the date(s) if applicable.

-- Travel payments are gifts if you did not provide services which were equal to or greater in value than the payments received. You must disclose gifts aggregating \$50 or more from a single source during the period covered by the statement. Gifts of travel are reportable without regard to where the donor is located.

When reporting travel payments which are gifts, you must provide a description of the gift and the date(s) received.

-- Travel payments are income if you provided services which were equal to or greater in value than the payments received. You must disclose income aggregating \$250 or more from a single source during the period covered by the statement.

When reporting travel payments as income, you must describe the services you provided in exchange for the payment. You are not required to disclose the date(s) for travel payments which are income.

Gifts of travel may be subject to a \$300 gift limit. In addition, certain travel payments are reportable gifts, but are not subject to the gift limit. To avoid possible misinterpretation or the perception that you may have received a gift in excess of the gift limit, you may wish to provide a specific description of the purpose of your travel. See the Commission's Fact Sheet on Gifts, Honoraria, Travel, and Loans (1/2000), which can be obtained from your filing officer or the FPPC.

Income – Gifts

Travel Payments, Advances, and Reimbursements

Name \_\_\_\_\_

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_  
TYPE OF PAYMENT: (check one)  
 Gift  Income  
AMT: \$ \_\_\_\_\_ DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_  
(If applicable)  
DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_  
TYPE OF PAYMENT: (check one)  
 Gift  Income  
AMT: \$ \_\_\_\_\_ DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_  
(If applicable)  
DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_  
TYPE OF PAYMENT: (check one)  
 Gift  Income  
AMT: \$ \_\_\_\_\_ DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_  
(If applicable)  
DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_  
TYPE OF PAYMENT: (check one)  
 Gift  Income  
AMT: \$ \_\_\_\_\_ DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_  
(If applicable)  
DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_  
TYPE OF PAYMENT: (check one)  
 Gift  Income  
AMT: \$ \_\_\_\_\_ DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_  
(If applicable)  
DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_  
TYPE OF PAYMENT: (check one)  
 Gift  Income  
AMT: \$ \_\_\_\_\_ DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_  
(If applicable)  
DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_