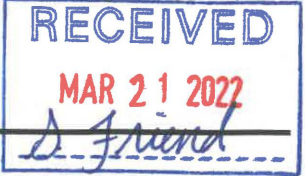


**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT**

Date Initial Filing Received  
Filing Official Use Only



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Hallidin Bill Paul

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
City of Rocklin  
Division, Board, Department, District, if applicable  
Your Position  
Councilmember

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- State
- Multi-County \_\_\_\_\_
- City of Rocklin
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- Annual:** The period covered is January 1, 2021, through December 31, 2021.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2021.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- The period covered is January 1, 2021, through the date of leaving office.
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 9**

**Schedules attached**

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – 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)  
3970 Rocklin Road Rocklin CA 95677  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 916 ) 718-1251 bill@billhallidin.com

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 3/20/22 Signature   
(month, day, year) (File the originally signed paper statement with your filing official.)

# SCHEDULE A-1 Investments

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

*Investments must be itemized.*

*Do not attach brokerage or financial statements.*

<b>CALIFORNIA FORM 700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name  <b>Bill Halldin</b>

▶ NAME OF BUSINESS ENTITY  
See Attached

GENERAL 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)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL 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)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL 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)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL 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)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL 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)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL 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)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 ACQUIRED                      DISPOSED

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

**Print**

**Clear**

**Note: Investments for William and Susan Halldin are in a fully managed account, with our investment advisor having complete discretion to buy and sell investments without our involvement or approval. Holdings/2021.**

<u>Name of Investment</u>	<u>Business</u>	<u>Fair Market Value</u>	<u>Nature of Investment</u>	<u>Date Acquired/Sold (if applicable)</u>
Amgen	Pharmaceutical	\$10,000-\$100,000	Stock	1/23/18 (acquired)
Astra Zeneca	Pharmaceutical	\$10,000-\$100,000	Stock	6/8/20 (acquired)
AT&T	Telecomm	\$10,000-\$100,000	Stock	3/13/13 (acquired)
Bank of America	Banking	\$100,000-\$250,000	Stock	Late 1990s
Barrick Gold Corp.	Minerals	\$10,000-\$100,000	Stock	10/7/21 (sold)
BCE	Communications	\$10,000-\$100,000	Stock	10/25/18 (acquired)
Broadcom	Telecomm	\$10,000-\$100,000	Stock	1/20/21 (acquired)
Bristol Myers	Pharma	\$10,000-\$100,000	Stock	1/20/21 (acquired)
Caterpillar	Agriculture	\$10,000-\$100,000	Stock	08/29/19 (acquired)
Chevron	Energy	\$10,000-\$100,000	Stock	07/27/17 (acquired)
Citigroup	Financial Serv	\$10,000-\$100,000	Stock	3/15/21 (acquired)
Coca Cola	Food	\$10,000-\$100,000	Stock	3/15/21 (sold)
Crown Castle REIT	Real Estate	\$10,000-\$100,000	Stock	04/26/17 (acquired)
Dominion Energy	Energy	\$10,000-\$100,000	Stock	1/25/17 (acquired)
Duke Energy	Energy	\$10,000-\$100,000	Stock	2/19/19 (acquired)
Eaton	Power	\$10,000-\$100,000	Stock	07/27/17 (acquired)
Exxon Mobil	Energy	\$10,000-\$100,000	Stock	3/13/13 (acquired)
IBM	Technology	\$10,000-\$100,000	Stock	07/27/17 (acquired)
Intel	Technology	\$10,000-\$100,000	Stock	1/20/21 (sold)
International Paper	Pulp/Paper	\$10,000-\$100,000	Stock	8/29/19 (acquired)
Lockheed Martin	Aerospace	Less than \$10,000	Stock	5/17/2019 (acquired)
Microsoft	Technology	\$10,000-\$100,000	Stock	3/13/13 (acquired)
National Health Investments	Real Estate	\$10,000-\$100,000	Stock	3/13/13 (acquired)
Newmont	Mining/Metals	\$10,000-\$100,000	Stock	10/7/21 (sold)
Pfizer	Pharma	\$10,000-\$100,000	Stock	3/13/13 (acquired)
PPL Corp	Energy	\$10,000-\$100,000	Stock	11/17/21 (sold)
Procter & Gamble	Consumer Prod	\$10,000-\$100,000	Stock	10/29/15 (acquired)
Qualcomm	Info/Technology	\$10,000-\$100,000	Stock	11/23/2018 (acquired)
Texas Instruments	Technology	\$10,000-\$100,000	Stock	1/20/21 (acquired)
UPS	Transportation	\$10,000-\$100,000	Stock	07/27/17 (acquired)
Verizon Communications	Telecomm	\$10,000-\$100,000	Stock	3/13/13 (acquired)
Vodaphone	Telecomm	\$10,000-\$100,000	Stock	11/17/21 (acquired)
Viatis	Health Care	Less than \$10,000	Stock	4/24/20 (acquired)
Williams Companies	Energy	\$10,000-\$100,000	Stock	11/8/21 (acquired)

# 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  
Bill Halldin

**▶ 1. BUSINESS ENTITY OR TRUST**

None

Name \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;"> <input type="checkbox"/>    <u>  </u> / <u>  </u> / <u>21</u> ACQUIRED                 </td> <td style="text-align: center; width: 50%;"> <input type="checkbox"/>    <u>  </u> / <u>  </u> / <u>21</u> DISPOSED                 </td> </tr> </table>	<input type="checkbox"/> <u>  </u> / <u>  </u> / <u>21</u> ACQUIRED	<input type="checkbox"/> <u>  </u> / <u>  </u> / <u>21</u> DISPOSED
<input type="checkbox"/> <u>  </u> / <u>  </u> / <u>21</u> ACQUIRED	<input type="checkbox"/> <u>  </u> / <u>  </u> / <u>21</u> DISPOSED		

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;"> <input type="checkbox"/>    <u>  </u> / <u>  </u> / <u>21</u> ACQUIRED                 </td> <td style="text-align: center; width: 50%;"> <input type="checkbox"/>    <u>  </u> / <u>  </u> / <u>21</u> DISPOSED                 </td> </tr> </table>	<input type="checkbox"/> <u>  </u> / <u>  </u> / <u>21</u> ACQUIRED	<input type="checkbox"/> <u>  </u> / <u>  </u> / <u>21</u> DISPOSED
<input type="checkbox"/> <u>  </u> / <u>  </u> / <u>21</u> ACQUIRED	<input type="checkbox"/> <u>  </u> / <u>  </u> / <u>21</u> DISPOSED		

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;"> <input type="checkbox"/>    <u>  </u> / <u>  </u> / <u>21</u> ACQUIRED                 </td> <td style="text-align: center; width: 50%;"> <input type="checkbox"/>    <u>  </u> / <u>  </u> / <u>21</u> DISPOSED                 </td> </tr> </table>	<input type="checkbox"/> <u>  </u> / <u>  </u> / <u>21</u> ACQUIRED	<input type="checkbox"/> <u>  </u> / <u>  </u> / <u>21</u> DISPOSED
<input type="checkbox"/> <u>  </u> / <u>  </u> / <u>21</u> ACQUIRED	<input type="checkbox"/> <u>  </u> / <u>  </u> / <u>21</u> DISPOSED		

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;"> <input type="checkbox"/>    <u>  </u> / <u>  </u> / <u>21</u> ACQUIRED                 </td> <td style="text-align: center; width: 50%;"> <input type="checkbox"/>    <u>  </u> / <u>  </u> / <u>21</u> DISPOSED                 </td> </tr> </table>	<input type="checkbox"/> <u>  </u> / <u>  </u> / <u>21</u> ACQUIRED	<input type="checkbox"/> <u>  </u> / <u>  </u> / <u>21</u> DISPOSED
<input type="checkbox"/> <u>  </u> / <u>  </u> / <u>21</u> ACQUIRED	<input type="checkbox"/> <u>  </u> / <u>  </u> / <u>21</u> DISPOSED		

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

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

Print
Clear

# SCHEDULE B

## Interests in Real Property

(Including Rental Income)

Name

Bill Halldin

**▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS**  
 N/A

---

CITY

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<p><b>FAIR MARKET VALUE</b></p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p><b>IF APPLICABLE, LIST DATE:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">_ / _ / <u>21</u></td> <td style="text-align: center;">_ / _ / <u>21</u></td> </tr> <tr> <td style="text-align: center;">ACQUIRED</td> <td style="text-align: center;">DISPOSED</td> </tr> </table>	_ / _ / <u>21</u>	_ / _ / <u>21</u>	ACQUIRED	DISPOSED
_ / _ / <u>21</u>	_ / _ / <u>21</u>				
ACQUIRED	DISPOSED				

**NATURE OF INTEREST**

 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_       \_\_\_\_\_  
Yrs. remaining      Other

**IF RENTAL PROPERTY, GROSS INCOME RECEIVED**

 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$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

**▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS**

---

CITY

---

<p><b>FAIR MARKET VALUE</b></p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p><b>IF APPLICABLE, LIST DATE:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">_ / _ / <u>21</u></td> <td style="text-align: center;">_ / _ / <u>21</u></td> </tr> <tr> <td style="text-align: center;">ACQUIRED</td> <td style="text-align: center;">DISPOSED</td> </tr> </table>	_ / _ / <u>21</u>	_ / _ / <u>21</u>	ACQUIRED	DISPOSED
_ / _ / <u>21</u>	_ / _ / <u>21</u>				
ACQUIRED	DISPOSED				

**NATURE OF INTEREST**

 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_       \_\_\_\_\_  
Yrs. remaining      Other

**IF RENTAL PROPERTY, GROSS INCOME RECEIVED**

 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$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

\* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

**NAME OF LENDER\***

---

*ADDRESS (Business Address Acceptable)*

---

**BUSINESS ACTIVITY, IF ANY, OF LENDER**

---

<b>INTEREST RATE</b>	<b>TERM (Months/Years)</b>
_____ % <input type="checkbox"/> None	_____

**HIGHEST BALANCE DURING REPORTING PERIOD**

 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

Guarantor, if applicable

**NAME OF LENDER\***

---

*ADDRESS (Business Address Acceptable)*

---

**BUSINESS ACTIVITY, IF ANY, OF LENDER**

---

<b>INTEREST RATE</b>	<b>TERM (Months/Years)</b>
_____ % <input type="checkbox"/> None	_____

**HIGHEST BALANCE DURING REPORTING PERIOD**

 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

Guarantor, if applicable

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

**Print**

**Clear**

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Bill Halldin

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <b>Bank of America</b>	NAME OF SOURCE OF INCOME <b>General Electric Pension</b>
ADDRESS (Business Address Acceptable) [REDACTED]	ADDRESS (Business Address Acceptable) [REDACTED]
BUSINESS ACTIVITY, IF ANY, OF SOURCE <b>Financial Services</b>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <b>Diversified</b>
YOUR BUSINESS POSITION <b>Communications Executive</b>	YOUR BUSINESS POSITION <b>Retired (spouse)</b>
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		
_____		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Real Property _____	
<input type="checkbox"/> \$500 - \$1,000	<i>Street address</i>	
<input type="checkbox"/> \$1,001 - \$10,000	_____	
<input type="checkbox"/> \$10,001 - \$100,000	<i>City</i>	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Guarantor _____	
	<input type="checkbox"/> Other _____	
	<i>(Describe)</i>	

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

**Print** **Clear**

**SCHEDULE C ADDENDUM**

**Additional Sources of Income:**

**Travis Gratner**

[REDACTED]  
[REDACTED]

Income Received: \$6,500 for sale of a 2009 Honda Accord on 12/27/21

**Blue Line Arts**

[REDACTED]  
[REDACTED]

Income Received: None  
Position: Director for Non-Profit Board

**SCHEDULE D**  
**Income – Gifts**

Name

Bill Halldin

▶ NAME OF SOURCE *(Not an Acronym)*  
 None

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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

Print

Clear



**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE *(Not an Acronym)*  
 None

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
*(If gift)*

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
*(If gift)*

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
*(If gift)*

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
*(If gift)*

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

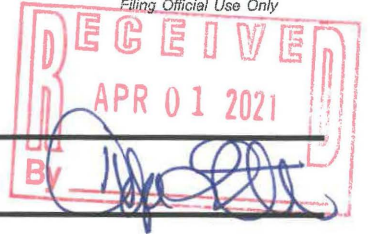
▶ If Gift, Provide Travel Destination \_\_\_\_\_

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

**Print** **Clear**

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Date Initial Filing Received  
Filing Official Use Only



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Hallidin Bill Paul

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Rocklin

Division, Board, Department, District, if applicable

Your Position

Councilmember

► If filing for multiple 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 \_\_\_\_\_

County of \_\_\_\_\_

City of Rocklin

Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2020, through  
December 31, 2020.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle.)

-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2020.

The period covered is January 1, 2020, through the date of  
leaving office.

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

-or-  
 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: 9

Schedules attached

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached

- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - 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)

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

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 3/26/21  
(month, day, year)

Signature Bill Hallidin  
(File the originally signed paper statement with your filing official.)

**SCHEDULE A-1  
Investments**

**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  
**Bill Halldin**

▶ NAME OF BUSINESS ENTITY  
See Attached

GENERAL 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)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/20      \_\_\_\_/\_\_\_\_/20  
ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL 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)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/20      \_\_\_\_/\_\_\_\_/20  
ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL 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)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/20      \_\_\_\_/\_\_\_\_/20  
ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL 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)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/20      \_\_\_\_/\_\_\_\_/20  
ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL 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)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/20      \_\_\_\_/\_\_\_\_/20  
ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL 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)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/20      \_\_\_\_/\_\_\_\_/20  
ACQUIRED                  DISPOSED

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

**Note: Investments are in a fully managed account, with my investment advisor having complete discretion to buy and sell investments without my involvement or approval.**

**Holdings/2020.**

<u>Name of Investment</u>	<u>Business</u>	<u>Fair Market Value</u>	<u>Nature of Investment</u>	<u>Date Acquired/Sold (if applicable)</u>
Bank of America	Banking	\$10,000-\$100,000	Stock	Late 1990s
Amgen	Pharmaceutical	\$10,000-\$100,000	Stock	1/23/18 (acquired)
Astra Zeneca	Pharmaceutical	\$10,000-\$100,000	Stock	6/8/20 (acquired)
AT&T	Telecomm	\$10,000-\$100,000	Stock	3/13/13 (acquired)
Barrick Gold Corp.	Minerals	\$10,000-\$100,000	Stock	9/21/20 (acquired)
BCE	Communications	\$10,000-\$100,000	Stock	10/25/18 (acquired)
Caterpillar	Agriculture	\$10,000-\$100,000	Stock	08/29/19 (acquired)
Chevron	Energy	\$10,000-\$100,000	Stock	07/27/17 (acquired)
Coca Cola	Food	\$10,000-\$100,000	Stock	10/29/15 (acquired)
Crown Castle REIT	Real Estate	\$10,000-\$100,000	Stock	04/26/17 (acquired)
Dominion Energy	Energy	\$10,000-\$100,000	Stock	1/25/17 (acquired)
Duke Energy	Energy	\$10,000-\$100,000	Stock	2/19/2019 (acquired)
Eaton	Power	\$10,000-\$100,000	Stock	07/27/17 (acquired)
Exxon Mobil	Energy	\$10,000-\$100,000	Stock	3/13/13 (acquired)
Huntington Bancshares	Banking	\$10,000-\$100,000	Stock	4/24/20 (sold)
IBM	Technology	\$10,000-\$100,000	Stock	07/27/17 (acquired)
Intel	Technology	\$10,000-\$100,000	Stock	3/13/13 (acquired)
International Paper	Pulp/Paper	\$10,000-\$100,000	Stock	8/29/19 (acquired)
Lockheed Martin	Aerospace	Less than \$10,000	Stock	5/17/2019 (acquired)
McDonalds	Food	\$10,000-\$100,000	Stock	3/12/20 (sold)
Microsoft	Technology	\$10,000-\$100,000	Stock	3/13/13 (acquired)
National Health Investments	Real Estate	\$10,000-\$100,000	Stock	3/13/13 (acquired)
Newmont	Mining/Metals	\$10,000-\$100,000	Stock	9/21/20 (acquired)
Pfizer	Pharma	\$10,000-\$100,000	Stock	3/13/13 (acquired)
PPL Corp	Energy	\$10,000-\$100,000	Stock	3/13/13 (acquired)
Procter & Gamble	Consumer Prod	\$10,000-\$100,000	Stock	10/29/15 (acquired)
Prudential Financial	Financial Svcs.	\$10,000-\$100,000	Stock	4/16/20 (sold)
Qualcomm	Info/Technology	\$10,000-\$100,000	Stock	11/23/2018 (acquired)
Royal Dutch Shell	Energy	\$10,000-\$100,000	Stock	6/11/20 (sold)
Simon Property Group	Real Estate	\$10,000-\$100,000	Stock	3/20/20 (sold)
UPS	Transportation	\$10,000-\$100,000	Stock	07/27/17 (acquired)
Valero	Energy	\$10,000-\$100,000	Stock	4/24/20 (sold)
Ventas	Real Estate	\$10,000-\$100,000	Stock	3/26/20 (sold)
Verizon Communications	Telecomm	\$10,000-\$100,000	Stock	3/13/13 (acquired)
Viatrix	Health Care	Less than \$10,000	Stock	4/24/20 (acquired)

# SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

Name  
Bill Halldin

**▶ 1. BUSINESS ENTITY OR TRUST**

None

Name \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

Check one

- Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE

- \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/20    \_\_\_\_/\_\_\_\_\_/20  
 ACQUIRED    DISPOSED

NATURE OF INVESTMENT

- Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

Check one

- Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE

- \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/20    \_\_\_\_/\_\_\_\_\_/20  
 ACQUIRED    DISPOSED

NATURE OF INVESTMENT

- Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- \$0 - \$499     \$10,001 - \$100,000  
 \$500 - \$1,000     OVER \$100,000  
 \$1,001 - \$10,000

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- \$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:

- INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE

- \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/20    \_\_\_\_/\_\_\_\_\_/20  
 ACQUIRED    DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

- INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE

- \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/20    \_\_\_\_/\_\_\_\_\_/20  
 ACQUIRED    DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

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

Print

Clear

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
**Bill Halldin**

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
**None**

CITY \_\_\_\_\_

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/20      \_\_\_\_\_/\_\_\_\_\_/20  
 \$10,001 - \$100,000      \_\_\_\_\_/\_\_\_\_\_/20      \_\_\_\_\_/\_\_\_\_\_/20  
 \$100,001 - \$1,000,000      \_\_\_\_\_/\_\_\_\_\_/20      \_\_\_\_\_/\_\_\_\_\_/20  
 Over \$1,000,000

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY \_\_\_\_\_

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/20      \_\_\_\_\_/\_\_\_\_\_/20  
 \$10,001 - \$100,000      \_\_\_\_\_/\_\_\_\_\_/20      \_\_\_\_\_/\_\_\_\_\_/20  
 \$100,001 - \$1,000,000      \_\_\_\_\_/\_\_\_\_\_/20      \_\_\_\_\_/\_\_\_\_\_/20  
 Over \$1,000,000

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$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

\* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE      TERM (Months/Years)  
 \_\_\_\_\_%       None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE      TERM (Months/Years)  
 \_\_\_\_\_%       None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

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

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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Bill Halldin

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Bank of America

ADDRESS (Business Address Acceptable)  
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Financial Services

YOUR BUSINESS POSITION  
Media Relations Executive

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.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Halldin Public Relations Inc.

ADDRESS (Business Address Acceptable)  
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public Relations

YOUR BUSINESS POSITION  
None/Sold Business in August 2019

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.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
Jan-March received rent as sublet  
\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's 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  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE \_\_\_\_\_ %  None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None  Personal residence

Real Property \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
(Describe)

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





**SCHEDULE D**  
**Income – Gifts**

Name

Bill Halldin

▶ NAME OF SOURCE *(Not an Acronym)*  
 None

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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

Print

Clear

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
Bill Halldin

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)  
None

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_  
(If gift)

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_  
(If gift)

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_  
(If gift)

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_  
(If gift)

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

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

**Print**

**Clear**

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

**1. BUSINESS ENTITY OR TRUST**

**Halldin Public Relations**

Name

Address (Business Address Acceptable)

Check one

- Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS  
**Public Relations Firm**

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999	_____ / _____ / _____	_____ / _____ / _____
<input type="checkbox"/> \$2,000 - \$10,000	_____ / _____ / _____	_____ / _____ / _____
<input type="checkbox"/> \$10,001 - \$100,000	_____ / _____ / _____	_____ / _____ / _____
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	_____ / _____ / _____	_____ / _____ / _____
<input type="checkbox"/> Over \$1,000,000	_____ / _____ / _____	_____ / _____ / _____

ACQUIRED                      DISPOSED

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     S Corporation  
Other \_\_\_\_\_

YOUR BUSINESS POSITION Owner

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- \$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

See attached.

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

- INVESTMENT                       REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	_____ / _____ / _____	_____ / _____ / _____
<input type="checkbox"/> \$10,001 - \$100,000	_____ / _____ / _____	_____ / _____ / _____
<input type="checkbox"/> \$100,001 - \$1,000,000	_____ / _____ / _____	_____ / _____ / _____
<input type="checkbox"/> Over \$1,000,000	_____ / _____ / _____	_____ / _____ / _____

ACQUIRED                      DISPOSED

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

Comments:

**Filer's Verification**

Print Name Bill Halldin

Office, Agency or Court City of Rocklin

Statement Type     2017/2018 Annual     \_\_\_\_\_ Annual     Assuming     Leaving     Candidate  
(yr)

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/04/2019 05:17 PM  
(month, day, year)

Filer's Signature \_\_\_\_\_ Electronic Submission



**COVER PAGE**

**A PUBLIC DOCUMENT**

Please type or print in ink.

NAME OF FILER (LAST) Halldin (FIRST) William (MIDDLE) Paul

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
City of Rocklin  
Division, Board, Department, District, if applicable \_\_\_\_\_ Your Position \_\_\_\_\_

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of Rocklin  Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- Annual:** The period covered is January 1, 2018, through December 31, 2018.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.
- Assuming Office:** Date assumed 12 / 11 / 2018
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- The period covered is January 1, 2018, through the date of leaving office.
- or-
- 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: 10**

**Schedules attached**

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-  **None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS \_\_\_\_\_ STREET \_\_\_\_\_ CITY Rocklin STATE CA ZIP CODE 95765  
(Business or Agency Address Recommended - Public Document)  
[Redacted Address] \_\_\_\_\_  
EMAIL ADDRESS Bill.Halldin@rocklin.ca.us

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 1/7/19  
(month, day, year)

Signature William P. Halldin  
(File the originally signed paper statement with your filing official.)

# SCHEDULE A-1

## Investments

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

Investments must be itemized.

Do not attach brokerage or financial statements.

Name

William Halldin

▶ NAME OF BUSINESS ENTITY  
See attached

GENERAL 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)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/18      \_\_\_\_/\_\_\_\_/18  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL 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)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/18      \_\_\_\_/\_\_\_\_/18  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL 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)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/18      \_\_\_\_/\_\_\_\_/18  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL 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)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/18      \_\_\_\_/\_\_\_\_/18  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL 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)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/18      \_\_\_\_/\_\_\_\_/18  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL 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)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/18      \_\_\_\_/\_\_\_\_/18  
ACQUIRED      DISPOSED

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

**Note: Investments are in a managed account, with my investment advisor having complete discretion to buy and sell investments without my prior approval. Holdings/2018.**

<u>Name of Investment</u>	<u>Business</u>	<u>Fair Market Value</u>	<u>Nature of Investment</u>	<u>Date Acquired/Sold (if applicable)</u>
First Foundation Bank	Banking	\$10,000-\$100,000	Stock	6/1/06 (acquired) previously Community 1 <sup>st</sup> , sold 12/4/18
Bank of America	Banking	\$10,000-\$100,000	Stock	N/A
AT&T	Telecomm	\$10,000-\$100,000	Stock	3/13/13 (acquired)
BCE	Communications	\$10,000-\$100,000	Stock	10/25/18 (acquired)
BHP Billiton PLC	Mining/Metals	\$10,000-\$100,000	Stock	11/29/17 (acquired)
Chevron	Energy	\$10,000-\$100,000	Stock	07/27/17 (acquired)
Coca Cola	Food	\$10,000-\$100,000	Stock	10/29/15 (acquired)
Credit Suisse Group	Banking	\$10,000-\$100,000	Stock	11/29/17 (acquired) sold 5/7/18
Crown Castle REIT	Real Estate	\$10,000-\$100,000	Stock	04/26/17 (acquired)
Dominion Energy	Energy	\$10,000-\$100,000	Stock	1/25/17 (acquired)
DuPont	Chemical	\$10,000-\$100,000	Stock	3/13/13 (acquired)
Eaton	Power	\$10,000-\$100,000	Stock	07/27/17 (acquired)
Exxon Mobil	Energy	\$10,000-\$100,000	Stock	3/13/13 (acquired)
Ford	Automotive	\$10,000-\$100,000	Stock	3/19/15 (acquired) sold 12/3/18
Huntington Bancshares	Banking	\$10,000-\$100,000	Stock	11/29/17 (acquired)
IBM	Technology	\$10,000-\$100,000	Stock	07/27/17 (acquired)
Intel	Technology	\$10,000-\$100,000	Stock	3/13/13 (acquired)
Kraft Foods	Food	\$10,000-\$100,000	Stock	3/13/13 (acquired) sold 1/23/18
Macqairie Infrastructure	Construction	\$10,000-\$100,000	Stock	11/29/17 (acquired)
Merck & Co.	Pharma	\$10,000-\$100,000	Stock	3/13/13 (acquired) sold 1/23/18
Microsoft	Technology	\$10,000-\$100,000	Stock	3/13/13 (acquired)
National Health Investments	Real Estate	\$10,000-\$100,000	Stock	3/13/13 (acquired)
Occidental	Energy	\$10,000-\$100,000	Stock	3/19/15 (acquired)
Orange ADR (France Telecom)	Telecomm	\$10,000-\$100,000	Stock	3/13/13 (acquired)
Pfizer	Pharma	\$10,000-\$100,000	Stock	3/13/13 (acquired)
PPL Corp	Energy	\$10,000-\$100,000	Stock	3/13/13 (acquired)
Procter & Gamble	Consumer Prod	\$10,000-\$100,000	Stock	10/29/15 (acquired)
Simon Property Group	Real Estate	\$10,000-\$100,000	Stock	11/29/17 (acquired)
Toronto Dominion Bank	Bank	\$10,000-\$100,000	Stock	07/27/17 (acquired)
UPS	Transportation	\$10,000-\$100,000	Stock	07/27/17 (acquired)
Verizon Communications	Telecomm	\$10,000-\$100,000	Stock	3/13/13 (acquired)
Vodafone Group	Telecomm	\$10,000-\$100,000	Stock	6/23/16 (acquired) sold 10/25/18

SCHEDULE A-2  
Investments, Income, and Assets  
of Business Entities/Trusts  
(Ownership Interest is 10% or Greater)

Name  
William Halldin

▶ 1. BUSINESS ENTITY OR TRUST

Halldin Public Relations Inc.

Name  
[REDACTED] CA 95765

Address (Business Address Acceptable)

Check one

- Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Public Relations Firm

FAIR MARKET VALUE

- \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/18      \_\_\_\_/\_\_\_\_/18  
ACQUIRED      DISPOSED

NATURE OF INVESTMENT

- Partnership  Sole Proprietorship  Other

YOUR BUSINESS POSITION Owner

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

- Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/18      \_\_\_\_/\_\_\_\_/18  
ACQUIRED      DISPOSED

NATURE OF INVESTMENT

- Partnership  Sole Proprietorship  Other

YOUR BUSINESS POSITION \_\_\_\_\_

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- \$0 - \$499  \$10,001 - \$100,000  
 \$500 - \$1,000  OVER \$100,000  
 \$1,001 - \$10,000

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- \$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:

- INVESTMENT  REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/18      \_\_\_\_/\_\_\_\_/18  
ACQUIRED      DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust  Stock  Partnership

Leasehold \_\_\_\_\_  
Yrs. remaining

Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

- INVESTMENT  REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/18      \_\_\_\_/\_\_\_\_/18  
ACQUIRED      DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust  Stock  Partnership

Leasehold \_\_\_\_\_  
Yrs. remaining

Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

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

Bill Halldin/Schedule A-2 Addendum

Sources of Income greater than \$10,000 to Halldin Public Relations for the One-Year  
Period Ending December 11, 2018

Bank of America  
Bogle Vineyards  
CalHFA/CalHFA-MAC  
Fauna  
Housing & Community Development Department  
Life Time Fitness  
Placer Valley Tourism  
River Garden Farms  
True Life  
U.S. HealthWorks  
USA Properties Fund  
Wally's Natural  
Western Dental  
Western Sierra Medical Clinic  
William Jessup University



**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
William Halldin

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
None

CITY \_\_\_\_\_

---

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED         /         / 18      DISPOSED         /         / 18

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_       \_\_\_\_\_  
  Yrs. remaining    Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$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

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

---

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED         /         / 18      DISPOSED         /         / 18

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_       \_\_\_\_\_  
  Yrs. remaining    Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$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

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

\* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS *(Business Address Acceptable)* \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE                      TERM (Months/Years)  
\_\_\_\_\_ %       None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

Guarantor, if applicable

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

NAME OF LENDER\* \_\_\_\_\_

ADDRESS *(Business Address Acceptable)* \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE                      TERM (Months/Years)  
\_\_\_\_\_ %       None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

Guarantor, if applicable

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

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

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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
William Halldin

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Halldin Public Relations Inc.</u>	NAME OF SOURCE OF INCOME <u>Dawson Young</u>
ADDRESS (Business Address Acceptable) [REDACTED]	ADDRESS (Business Address Acceptable) [REDACTED]
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Public Relations Firm</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION <u>Owner</u>	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input checked="" type="checkbox"/> Sale of <u>Ford truck</u> (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	Street address
_____		_____
HIGHEST BALANCE DURING REPORTING PERIOD		City
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Other _____	(Describe)
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

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

**Bill Halldin Addendum to Schedule C, Source of Income:**

**Debra Ramos**



**Sale of a Boat between \$1,000-\$10,000**

**SCHEDULE D**  
**Income – Gifts**

Name  
William Halldin

▶ NAME OF SOURCE *(Not an Acronym)*  
None

ADDRESS *(Business Address Acceptable)*  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
 \_\_\_\_\_

ADDRESS *(Business Address Acceptable)*  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
 \_\_\_\_\_

ADDRESS *(Business Address Acceptable)*  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
 \_\_\_\_\_

ADDRESS *(Business Address Acceptable)*  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
 \_\_\_\_\_

ADDRESS *(Business Address Acceptable)*  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
 \_\_\_\_\_

ADDRESS *(Business Address Acceptable)*  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
 William Halldin

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)  
 None

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_  
 (If gift)

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_  
 (If gift)

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_  
 (If gift)

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_  
 (If gift)

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

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

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received  
Official Use Only

COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Halldin Bill P.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of Rocklin  
Division, Board, Department, District, if applicable Your Position  
Councilmember

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- 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 \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2017.  The period covered is January 1, 2017, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_ -or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate: Date of Election 11/6/18 and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 10

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)  
[Redacted] 95765

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 7/31/18 Signature Bill Halldin  
(month, day, year) (File the originally signed statement with your filing official.)

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <b>Bill Halldin</b>

▶ NAME OF BUSINESS ENTITY  
See attached

GENERAL 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)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/17      \_\_\_\_/\_\_\_\_/17  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL 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)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/17      \_\_\_\_/\_\_\_\_/17  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL 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)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/17      \_\_\_\_/\_\_\_\_/17  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL 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)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/17      \_\_\_\_/\_\_\_\_/17  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL 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)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/17      \_\_\_\_/\_\_\_\_/17  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL 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)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/17      \_\_\_\_/\_\_\_\_/17  
ACQUIRED      DISPOSED

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

**Note: These retirement fund investments are in a managed account, with my investment advisor having complete discretion to buy and sell investments without my prior approval. Holdings as of July 2018.**

Name of Investment	Business	Fair Market Value	Nature of Investment
AMGEN	Healthcare	\$10,000-\$100,000	Stock
First Foundation Bank	Banking	\$10,000-\$100,000	Stock
Bank of America	Banking	\$10,000-\$100,000	Stock
ABBVIEW	Health Care	\$10,000-\$100,000	Stock
AT&T	Telecomm	\$10,000-\$100,000	Stock
BHP Billiton PLC	Mining/Metals	\$10,000-\$100,000	Stock
Chevron	Energy	\$10,000-\$100,000	Stock
CME Group	Financials	\$10,000-\$100,000	Stock
Coca Cola	Food	\$10,000-\$100,000	Stock
Crown Castle REIT	Real Estate	\$10,000-\$100,000	Stock
Dominion Energy	Energy	\$10,000-\$100,000	Stock
DuPont	Chemical	\$10,000-\$100,000	Stock
Eaton	Power	\$10,000-\$100,000	Stock
Ford	Automotive	\$10,000-\$100,000	Stock
Huntington Bancshares	Banking	\$10,000-\$100,000	Stock
IBM	Technology	\$10,000-\$100,000	Stock
Intel	Technology	\$10,000-\$100,000	Stock
Macquarie Infrastructure	Construction	\$10,000-\$100,000	Stock
McDonald's	Food	\$10,000-\$100,000	Stock
Microsoft	Technology	\$10,000-\$100,000	Stock
National Grid PLC	Infrastructure	\$10,000-\$100,000	Stock
National Health Investments	Real Estate	\$10,000-\$100,000	Stock
Occidental	Energy	\$10,000-\$100,000	Stock
PPL Corp	Energy	\$10,000-\$100,000	Stock
Procter & Gamble	Consumer Prod	\$10,000-\$100,000	Stock
Prudential	Financial	\$10,000-\$100,000	Stock
Qualcomm	Telecomm	\$10,000-\$100,000	Stock
Royal Dutch Shell	Energy	\$10,000-\$100,000	Stock
Siemens	Industrial	\$10,000-\$100,000	Stock
Simon Property Group	Real Estate	\$10,000-\$100,000	Stock
Toronto Dominion Bank	Bank	\$10,000-\$100,000	Stock
UPS	Transportation	\$10,000-\$100,000	Stock
Ventas	Real Estate	\$10,000-\$100,000	Stock
Verizon Communications	Telecomm	\$10,000-\$100,000	Stock
Vodafone Group	Telecomm	\$10,000-\$100,000	Stock



**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  
Bill Halldin

**▶ 1. BUSINESS ENTITY OR TRUST**

**Halldin Public Relations Inc.**

Name  
5 [REDACTED]

Address (Business Address Acceptable)  
\_\_\_\_\_

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**  
public relations firm

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/17                      \_\_\_\_\_/\_\_\_\_\_/17

\$2,000 - \$10,000                                      ACQUIRED                      DISPOSED

\$10,001 - \$100,000

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INVESTMENT

Partnership     Sole Proprietorship     S Corporation    \_\_\_\_\_ Other

YOUR BUSINESS POSITION Owner

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$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

\_\_\_\_\_

\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

INVESTMENT                       REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
\_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property  
\_\_\_\_\_

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/17                      \_\_\_\_\_/\_\_\_\_\_/17

\$10,001 - \$100,000                                      ACQUIRED                      DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Name  
\_\_\_\_\_

Address (Business Address Acceptable)  
\_\_\_\_\_

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/17                      \_\_\_\_\_/\_\_\_\_\_/17

\$2,000 - \$10,000                                      ACQUIRED                      DISPOSED

\$10,001 - \$100,000

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INVESTMENT

Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$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

\_\_\_\_\_

\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

INVESTMENT                       REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
\_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property  
\_\_\_\_\_

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/17                      \_\_\_\_\_/\_\_\_\_\_/17

\$10,001 - \$100,000                                      ACQUIRED                      DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

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

Bill Halldin/Schedule A-2 Addendum

Sources of Income greater than \$10,000 to Halldin Public Relations for the One-Year  
Period Ending July 30, 2018

Bank of America  
Bogle Family Vineyards  
CalHFA/CalHFA-MAC  
Fauna  
Housing & Community Development Department  
Life Time Fitness  
Placer Valley Tourism  
Quantopian  
River Garden Farms  
SharedClarity  
True Life  
U.S. HealthWorks  
USA Properties Fund  
Western Dental  
Western Sierra Medical Clinic  
William Jessup University

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
Bill Halldin

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
None

CITY \_\_\_\_\_

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED     /    /17 DISPOSED     /    /17

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining \_\_\_\_\_ Other \_\_\_\_\_

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  
 \$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

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED     /    /17 DISPOSED     /    /17

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining \_\_\_\_\_ Other \_\_\_\_\_

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  
 \$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

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

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_  
\_\_\_\_\_ %  None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

Guarantor, if applicable

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

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_  
\_\_\_\_\_ %  None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

Guarantor, if applicable

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

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

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
**Bill Halldin**

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
**Halldin Public Relations Inc.**

ADDRESS *(Business Address Acceptable)*  
**5 [REDACTED]**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**public relations firm**

YOUR BUSINESS POSITION  
**Owner**

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.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
*(Real property, car, boat, etc.)*

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
*(Describe)*

Other \_\_\_\_\_  
*(Describe)*

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
**Dawson Young**

ADDRESS *(Business Address Acceptable)*  
**[REDACTED]**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

YOUR BUSINESS POSITION  
\_\_\_\_\_

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.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of **Ford Truck**  
*(Real property, car, boat, etc.)*

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
*(Describe)*

Other \_\_\_\_\_  
*(Describe)*

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS <i>(Business Address Acceptable)</i>	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	
_____	<i>Street address</i>	
HIGHEST BALANCE DURING REPORTING PERIOD	_____	
<input type="checkbox"/> \$500 - \$1,000	<i>City</i>	
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Other _____	
<input type="checkbox"/> OVER \$100,000	<i>(Describe)</i>	

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

**Bill Halldin Addendum to Schedule C, Source of Income:**

**Debra Ramos**

**[REDACTED]**  
**[REDACTED]**

**Sale of a Boat between \$1,000-\$10,000**

**SCHEDULE D**  
**Income – Gifts**

Name  
 Bill Halldin

▶ NAME OF SOURCE *(Not an Acronym)*  
 None

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
 Bill Halldin

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE *(Not an Acronym)*  
 None

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_\_  
*(If gift)*

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_\_  
*(If gift)*

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_\_  
*(If gift)*

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_\_  
*(If gift)*

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

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