

STATEMENT OF ECONOMIC INTERESTS
FOR
PRINCIPAL INVESTIGATORS
A Public Document

Date Received
 Campus Use Only

Campus: BOC

ID No: _____

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	TELEPHONE NUMBER ()
ACADEMIC UNIT OR DEPARTMENT University of California Cooperative Extension		MAIL CODE	E-MAIL ADDRESS
TITLE OF RESEARCH PROJECT			

1. Information Regarding Funding Entity
 (Use a separate Form 700-U for each funding entity.)

Name of Entity: _____

Address of Entity: _____

Principal Business of Entity: _____

Amount of Funding: \$ _____

Estimated Actual

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

Initial (for new funding)
 Date of initial funding: ____/____/____

Interim (for renewed funding)
 Funding was renewed on: ____/____/____

3. Filer Information

A. Are you a director, officer, partner, trustee, consultant, employee, or do you hold a position of management in the entity listed in Part 1? No Yes
 Title: _____

B. Do you, your spouse or registered domestic partner, or your dependent children have an investment of \$2,000 or more in the entity listed in Part 1 above?
 No Yes - value is:
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Exceeds \$1,000,000

Date Disposed: ____/____/____, if applicable

C. Have you received income of \$500 or more from the entity listed in Part 1 during the reporting period?
 No Yes - amount is:
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 Exceeds \$100,000

Was this income received through your spouse or registered domestic partner? No Yes

3. Filer Information - Cont.

D. Have you received loans from the entity in Part 1 for which the balance exceeded \$500 during the reporting period?
 No Yes - highest balance:
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 Exceeded \$100,000

If you checked "yes," was the loan:
 Secured Unsecured Interest rate: _____%

Was the loan entirely repaid within the last 12 months?
 No Yes

E. Have you received gifts from the entity listed in Part 1 within the last 12 months valued at \$50 or more?
 No Yes - describe below.

Description: _____

Value: \$ _____ Date Received: ____/____/____

F. Has the entity in Part 1 paid for your travel during the reporting period? No Yes - describe below.

Type of Payment: (check one) Gift Income

Amt: \$ _____ date(s): ____/____/____ ____/____/____
 (If gift)

Description and, if Gift, Travel Destination: _____

4. Verification

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 _____
 (month, day, year)

Signature _____
 (File the originally signed statement with your university.)