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STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Filing ID: 203066943

NAME OF	FILER	(LAST)		(FIRST)		(MIDDLE)
Eaken	n, Amanda					
I. Offi	ice, Agency, or C	Court				
Age	ncy Name (Do not use	acronyms)				
Cit	ty and County of	San Francisco				
Divis	sion, Board, Departmen	t, District, if applicable		Your Position	1	
Mun	nicipal Transport	ation Agency Board of Dir	rectors	Vice-Chai	ir	
► If	filing for multiple position	ons, list below or on an attachment	. (Do not us	e acronyms)		
Agei	ncy:			Position:		
2. Ju	risdiction of Offi	CE (Check at least one box)				
	State			Judge, Reti (Statewide	ired Judge, Pro Tem Ju Jurisdiction)	dge, or Court Commissioner
	Multi-County			X County of_	San Francisco	
X (City ofSan Fran	cisco		Other		
3. Ty _l	pe of Statement	(Check at least one box)				
X	Annual: The period co	overed is January 1, 2021 throug , 2021.	h	Leaving O	Office: Date Left(Check	one circle)
	-or- The period c December 3	overed is/, thi 1, 2021.	rough	The pe leaving		, 1, 2021 through the date of
	Assuming Office: Da	te assumed/	-	·	eriod covered is	/, through the date
	Candidate:Date of Elec	ction and office	ce sought, if	different than Part 1:		
4. Sch	nedule Summary	(must complete) ▶ Total	numher	of nages includin	g this cover page	• 7
	nedules attached	(i / / lotai	Hallibel	or pages meraum	g tins cover page	
	X Schedule A-1 - In	vestments – schedule attached		X Schedule C - Inc	come. Loans. & Busine	ess Positions – schedule attached
	Schedule A-2 - In	vestments – schedule attached		_	come – Gifts – schedul	
	Schedule B - Rea	I Property - schedule attached		Schedule E - Inc	come – Gifts – Travel F	Payments – schedule attached
-or-						
	None - No reporta	able interests on any schedul	e			
5. Ver	rification					
	ING ADDRESS iness or Agency Address Reco	STREET ommended - Public Document)	CITY		STATE	ZIP CODE
			San 1	Francisco	CA	94103
DAY"	TIME TELEPHONE NUMBER			E-MAIL ADDRESS		
(har	yo used all researchies	diligance in proparing this statement	I have revi	awad this statement as	nd to the heat of my line	puladae the information contained
here	ve used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained and in any attached schedules is true and complete. I acknowledge this is a public document.					
I ce	rtify under penalty of	fy under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Date	e Signed	2		Signature Amanda	Eaken	
		(month, day, year)		(F	File the originally signed paper st	atement with your filing official.)

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Eaken, Amanda

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
McDonalds	CVS Health Corp
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Consumer Cyclical	Healthcare
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other(Describe)	X Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ / 21 / / 21
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Home Depot Inc GENERAL DESCRIPTION OF THIS BUSINESS	Pepsico
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Consumer Cyclical	Consumer Staples
FAIR MARKET VALUE	FAIR MARKET VALUE
	☐ \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
(Describe)	(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
The income Received of \$500 of More (Report on Schedule C)	Theorie Neceived of \$500 of World (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 21 , , 21	/ /21 / /21
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Alphabet Inc, Class C	Alphabet Inc, Class A
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Technology	Technology
FAIR MARKET VALUE	FAIR MARKET VALUE
\[\bigsiz \\$2,000 - \\$10,000 \] \[\bigsiz \\$10,001 - \\$100,000	\[\bigsiz \\$2,000 - \\$10,000 \\ \bigsiz \\$10,001 - \\$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
(Describe) Partnership (Income Received of \$0 - \$499)	(Describe) Partnership O Income Received of \$0 - \$499
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 21 , , 21	/ /21 / /21
ACQUIRED DISPOSED	ACQUIRED DISPOSED
2.5. 0025	11
Commonts	

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Eaken, Amanda

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Amgen Inc	LAM Research Corp
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Healthcare	Technology
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\[\text{\$\sum \\$2,000 - \\$10,000} \] \[\text{\$\sum \\$10,001 - \\$100,000} \]
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other(Describe)	X Stock Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule	C) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 21 , , 21	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY ▶ NAME OF BUSINESS ENTITY
Yum China Holdings, Inc GENERAL DESCRIPTION OF THIS BUSINESS	Medtronic Plc GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Consumer Cyclical	Healthcare
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	☐ \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule	C) Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
United Healthgroup Inc	Dollar Tree
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Healthcare	Consumer Staples
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000	\[\bigsiz \\$2,000 - \\$10,000 \times \\$10,001 - \\$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
(Describe) ☐ Partnership ◯ Income Received of \$0 - \$499	(Describe) Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 21 , , 21	/ /21 04/ 14/:21
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	П
Comments	

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Eaken, Amanda

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
VF Corp	Thermo Fisher Scientific Inc
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Consumer Cyclical	Healthcare
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	X Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 21 , , 21	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Apple	Accenture Plc Ireland Cl A
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Technology	Technology
FAIR MARKET VALUE	FAIR MARKET VALUE
	☐ \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499	Partnership Olncome Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 21 , , 21	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Illumina Inc	Colgate Palmolive
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Biotechnology	Consumer Staples
FAIR MARKET VALUE	FAIR MARKET VALUE
<u>X</u> \$10,000 - \$10,000 <u>X</u> \$10,001 - \$100,000	X \$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
// <u>21</u>	<u>//21</u> / <u>/21</u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments	

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Eaken, Amanda

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Intel Corp	Walt Disney Co (Holding Co) Disney Com
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Technology	Consumer Cyclical
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	☐ \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT X Stock Other	NATURE OF INVESTMENT
X Stock Chescribe (Describe)	X Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 21 , , 21	/ / 21 / / 21
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Microsoft Corp	Nike Inc Cl B
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Technology	Consumer Cyclical
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	X \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 21 , , 21	/ /21 / /21
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Applied Materials	Costco Wholesale Corp
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Technology	Consumer Staples
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	☐ \$2,000 - \$10,000 X \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
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ACQUIRED DISPOSED	ACQUIRED DISPOSED
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Comments	

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Eaken, Amanda

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Yum! Brands Inc	Gilead Sciences
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Consumer Cyclical	Healthcare
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	X \$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other(Describe)	X Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 21 04 , 14, 21	/ /21 04/14/21
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Illinois Tool Works	Johnson & Johnson
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Industrials	Healthcare
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT Stock Other
X Stock Other (Describe) (Describe)	X Stock Other (Describe)
Partnership Olincome Received of \$0 - \$499	Partnership Olncome Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 21 , , 21	/ /21 / /21
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY Broadcom Inc	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Technology	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	Stock Other
☐ Partnership ☐ Income Received of \$0 - \$499	☐ (Describe) ☐ Partnership ◯ Income Received of \$0 - \$499
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 21 , , 21	/ / 21 / / 21
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	1

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Eaken, Amanda

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
EHDD	NRDC
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
San Francisco, CA 94111	New York, NY 10011
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Architectural Services	Environmental Advocacy Organization
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
	Interim Co-Director, US Cities Climate Challenge
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position O
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 X OVER \$100,000	☐ \$10,001 - \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary X Spouse's or registered domestic partner's income	X 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	(For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)	Schedule A-2.)
Sale of(Real property, car, boat, etc.)	Sale of(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
	Other(Describe)
*You are not required to report loans from a commercial a retail installment or credit card transaction, made in members of the public without regard to your official segular course of business must be disclosed as follows:	Other (Describe) al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available totatus. Personal loans and loans received not in a lender's ws:
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as follows:	Other (Describe) al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERFORMANCE As a retail installment or credit card transaction, made in members of the public without regard to your official segular course of business must be disclosed as follows:	Other (Describe) al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available totatus. Personal loans and loans received not in a lender's ws:
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as follow NAME OF LENDER*	Other
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as follow NAME OF LENDER*	Other
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from a commercial a retail installment or credit card transaction, made in members of the public without regard to your official seregular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	Other
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from a commercial a retail installment or credit card transaction, made in members of the public without regard to your official seregular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	Other
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER You are not required to report loans from a commercial a retail installment or credit card transaction, made in members of the public without regard to your official stregular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	Other
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	Other
Other	Other