

OFFICE OF THE MAYOR  
SAN FRANCISCO



EDWIN M. LEE  
MAYOR

BOS-11  
COB, Aides  
Rules Clerk  
Deputy Sec. Dep  
City Atty

November 30, 2017

Angela Calvillo  
Clerk of the Board, Board of Supervisors  
San Francisco City Hall  
1 Carlton B. Goodlett Place  
San Francisco, CA 94102

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO  
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AK

Dear Ms. Calvillo,


Pursuant to Section 3.100 (18) of the Charter of the City and County of San Francisco, I hereby make the following appointments and reappointment:

Michael Pappas to the Aging and Adult Services Commission, assuming the seat formerly held by Neil Sims, for a term ending July 1, 2020

I am confident that Mr. Pappas, an elector of the City and County, will serve our community well. Attached is his qualifications to serve, which will demonstrate how his appointment represents the communities of interest, neighborhoods and diverse populations of the City and County of San Francisco.

Should you have any questions related to this appointment, please contact my Deputy Chief of Staff, Francis Tsang, at (415) 554-6467.

Sincerely,

  
Edwin M. Lee  
Mayor

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**Michael G. Pappas**

Executive Director, San Francisco Interfaith Council

Michael G. Pappas was born in Glen Ridge, New Jersey. He graduated from Dickinson College (Carlisle, PA) in 1983, after which he successively worked as a lobbyist, regional field director for a presidential campaign and investment banker for the oldest municipal bond firm in New Jersey.

In 1987, he left the world of politics & finance and enrolled at Holy Cross Greek Orthodox School of Theology (Brookline, MA) attaining an M.Div., with honors, in the class of 1992. An ordained priest of the Greek Orthodox Church, Michael served parishes in Palos Hills, IL, Stockton, CA, and San Francisco, CA.

During his sixteen-year ministry, he was a prolific writer, contributing articles to numerous religious and secular periodicals. As well, he devoted energy to work with the homeless and further ecumenical/interfaith relationships. After transitioning from parish ministry in 2007, he was selected by the San Francisco Interfaith Council to the newly created administrative post of Executive Director.

In his tenure as Executive Director Michael has helped increase the Council's budget and programs substantially; strengthened existing and cultivated new relationships with civic leaders, NGOs, judicatories and congregations; and significantly projected the SFIC through expanded use of technology.

#### Previous Experience

His previous/current board memberships include: Mayoral appointments to the San Francisco Human Rights Commission, San Francisco Disaster Council, San Francisco Office of Civic Engagement's 2010 Census Complete Count Committee, and San Francisco Assisi Sister City Committee.

He has also served as a Board Member of the National Shrine of Saint Francis; Board of Directors & Program Committee Chair of the Interfaith Center at the Presidio; The San Francisco Foundation FAITHS Advisory Board; Episcopal Charities Board of Trustees; San Francisco Night Ministry Advisory Board Member. He has also served on the United Religions Initiative (URI) North America Region Leadership Council and was elected by that Region to serve as a Trustee on URI's Global Council. He also serves on the Board of Directors of the American Red Cross Bay Area Chapter.

He is the father of two sons, George and Paul, and one daughter, Julia. He is a congregant at Grace Episcopal Cathedral in San Francisco.

**STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE**

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Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Pappas, Michael G.			

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

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Your Position

Human Rights Commission

Commissioner

▶ 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 San Francisco City of San Francisco Other \_\_\_\_\_**3. Type of Statement (Check at least one box)** Annual: The period covered is January 1, 2016, through  
December 31, 2016 Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2016 The period covered is January 1, 2016, through the date of  
leaving office. Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date  
of leaving office. Candidate: Election Year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_**4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 7****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
<i>(Business or Agency Address Recommended - Public Document)</i>				
		San Francisco	CA	94102

DAYTIME TELEPHONE NUMBER	E-MAIL 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 03/24/2017  
(month, day, year)Signature Michael G. Pappas  
(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.

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Pappas, Michael G.

▶ NAME OF BUSINESS ENTITY  
Amgen Incorporated (UTMA account)

GENERAL DESCRIPTION OF THIS BUSINESS  
Biopharmaceutical 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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
American Express (UTMA account)

GENERAL DESCRIPTION OF THIS BUSINESS  
Financial Services

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Microsoft Corporation (UTMA Account)

GENERAL DESCRIPTION OF THIS BUSINESS  
Computer products/services

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

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

## SCHEDULE C

### Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name
<u>Pappas, Michael G.</u>

**▶ 1. INCOME RECEIVED** **▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
San Francisco Interfaith Council

ADDRESS (Business Address Acceptable)  
San Francisco, CA 94129

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non-profit

YOUR BUSINESS POSITION  
Executive Director

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)

NAME OF SOURCE OF INCOME  
City & County of San Francisco

ADDRESS (Business Address Acceptable)  
San Francisco, CA 94103

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Human Rights Commission

YOUR BUSINESS POSITION  
Commissioner

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 Stipend  
(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\* \_\_\_\_\_

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 OF SOURCE (Not an Acronym)  
Grace Cathedral  
 ADDRESS (Business Address Acceptable)  
San Francisco, CA 94108  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Church

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 04 / 16</u>	<u>\$ 450.00</u>	<u>Carnivale Annual Gala</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)  
Jewish Community Relations Council  
 ADDRESS (Business Address Acceptable)  
San Francisco, CA 94105  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public Affairs Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 24 / 16</u>	<u>\$ 150.00</u>	<u>JCRC Behind the Scenes Gala</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)  
American Red Cross  
 ADDRESS (Business Address Acceptable)  
San Francisco, CA 94103  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Humanitarian organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 02 / 16</u>	<u>\$ 425.00</u>	<u>Annual Gala</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)  
Jewish Vocational Service  
 ADDRESS (Business Address Acceptable)  
San Francisco, CA 94104  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Helps Bay Area job seekers build in-demand skills and find jobs to achieve self-sufficiency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 02 / 16</u>	<u>\$ 150.00</u>	<u>Strictly Business Luncheon</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)  
St. Mary's Cathedral  
 ADDRESS (Business Address Acceptable)  
San Francisco, CA 94111  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Church

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 06 / 16</u>	<u>\$ 150.00</u>	<u>45th Anniversary Gala</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)  
National Center for Lesbian Rights  
 ADDRESS (Business Address Acceptable)  
San Francisco, CA 94102  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
National legal organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 07 / 16</u>	<u>\$ 400.00</u>	<u>Anniversary Gala</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

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



**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 Name  
Pappas, Michael G.

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
New Israel Fund  
 ADDRESS (Business Address Acceptable)  
San Francisco, CA 94104  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non-profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 19 / 16</u>	<u>\$ 450.00</u>	<u>Annual Gala</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)  
Knights of St. Francis of Assisi  
 ADDRESS (Business Address Acceptable)  
San Francisco, CA 94133  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non-profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 06 / 16</u>	<u>\$ 350.00</u>	<u>Annual Gala</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)  
Shanti Project  
 ADDRESS (Business Address Acceptable)  
San Francisco, CA 94109  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non-profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 13 / 16</u>	<u>\$ 450.00</u>	<u>Annual gala</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)  
SF Heb B Free Campaign  
 ADDRESS (Business Address Acceptable)  
San Francisco, CA 94102  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 19 / 16</u>	<u>\$ 125.00</u>	<u>Awards Gala</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)  
St. Vincent de Paul Society  
 ADDRESS (Business Address Acceptable)  
San Francisco, CA 94109  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Social service agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 12 / 16</u>	<u>\$ 250.00</u>	<u>Brennan Awards Gala</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)  
Bay Scholars  
 ADDRESS (Business Address Acceptable)  
San Francisco, CA 94104  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non-profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 18 / 16</u>	<u>\$ 250.00</u>	<u>Annual Gala</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

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



**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 Name  
 Pappas, Michael G.

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
Episcopal Impact Fund  
 ADDRESS (Business Address Acceptable)  
San Francisco, CA 94108  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non-profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 19 / 16</u>	<u>\$ 450.00</u>	<u>Annual gala</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
GLIDE  
 ADDRESS (Business Address Acceptable)  
San Francisco, CA 94102  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non-profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 30 / 16</u>	<u>\$ 500.00</u>	<u>Holiday Jam</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ 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)
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ 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)
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ 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)
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ 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)
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

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