#### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

DECEMEN

A PUBLIC DOCUMENT

9 8	IEUEIVEU
Date	Initial Filing Received
	Filing Official Use Only
	MAR 1 1 2024

TULARE COUNTY EMPLOYEES'

Please type or print in ink.			RETIREMENT ASSOCIATIO
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	3300,1110
CHENG	AMY		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Tulare County Employees Retiremen	nt Association		
Division, Board, Department, District, if applicable	and the Argenta of the Committee of the	Your Position	
		consultant	
► If filing for multiple positions, list below or on	an attachment (Do not use ac		
P in ming to manaple positions, list below of on	an attachment. (Do not use ac	ionymaj	
Agency:		Position:	
2. Jurisdiction of Office (Check at least	ana havi		
	one box)		
State		Judge, Retired Judge, Pro Tem J (Statewide Jurisdiction)	ludge, or Court Commissioner
Multi-County		County of Tulare	
City of		Other	
		outer	
3. Type of Statement (Check at least one	box)		
Annual: The period covered is January 1, December 31, 2023.	2023, through	Leaving Office: Date Left(Check on	
-or- The period covered is/		☐ The period covered is Janua	ary 1, 2023, through the date
December 31, 2023.		of leaving officeor-	
Assuming Office: Date assumed		The period covered is the date of leaving office.	_/, through
Candidate: Date of Election	and office sought, if d	ifferent than Part 1:	
4. Schedule Summary (required)	Total number of	pages including this cover pa	2001
Schedules attached	Protar number of	pages including this cover pa	. <u>6</u>
Schedule A-1 - Investments - schedule	attached So	chedule C - Income, Loans, & Busines	ss Positions - schedule attached
Schedule A-2 - Investments - schedule	attached So	chedule D - Income - Gifts - schedule	e attached
Schedule B - Real Property - schedule	attached So	chedule E - Income - Gifts - Travel Pa	ayments - schedule attached
-or- ☐ None - No reportable interests	on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docum	CITY ent)	STATE	ZIP CODE
1 Iron Street	Boston	MA	02210
DAYTIME TELEPHONE NUMBER	EMA	AIL ADDRESS	
(617 ) 664-6187	ar	my_cheng@ssga.com	
I have used all reasonable diligence in preparing herein and in any attached schedules is true an	this statement. I have reviewed	this statement and to the best of my kr	nowledge the information contained
I certify under penalty of perjury under the la	aws of the State of California t	hat the foregoing is true and correct	t.
Date Signed 3/4/2024	Signa	ture ACO	
(month, day, year)			atement with your filing official.)

#### **Investments**

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

Investments must be itemized.

		ORM 7	
Name	.TTOAL TRAC	TIGES COMMIS	SION
Name			

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
EQUINIX	ROKU
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
REIT	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
Stock Other	Stock Other
(Describe)	(Describe)
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:
	//23//23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
AMERICOLD	BLACKSTONE GROUP
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
REIT	FINANCIALS
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>\$2,000 - \$10,000 \$10,001 - \$100,000</b>	
\$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	■ Stock Other
(Describe)  Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	(Describe)  Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ /23 / /23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
RAYONIER ADVANCED MATLS INC COM	ADIDAS
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
MATERIALS	APPAREL
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>2</b> ,000 - \$10,000	\$2,000 - \$10,000 <b>\$</b> 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 (Describe)	Stock Other (Describe)
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:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

#### **Investments**

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

Investments must be itemized.

	RNIA FORM	
Name		- 0 P

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
CONSTELLATION BRANDS	AMERICAN WATER WORKS
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
BEVERAGES	UTILITIES
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 <b>1</b> \$10,001 - \$100,000	\$2,000 - \$10,000 <b>1</b> \$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
Stock Other (Describe)	Stock Other (Describe)
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:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
AMAZON	CISCO SYSTEMS
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
INTERNET RETAIL	TECHNOLOGY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 <b>3</b> \$10,001 - \$100,000	\$2,000 - \$10,000 <b>1</b> \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
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:
//23// <u>23</u> ACQUIRED DISPOSED	//23
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
TOPGOLF CALLAWAY BRANDS	DIGITAL REALTY TRUST
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
RECREATIONAL	INDUSTRIAL REIT
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$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  Stock Other (Describe)	NATURE OF INVESTMENT Stock Other
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:
	/ /23 / /23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
1	
Comments:	

#### Investments

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

Investments must be itemized.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
MCCORMICK & COMPANY	APPLE
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
CONSUMER STAPLES	TECH/ TELECOMMUNICATIONS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$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 Stock Other	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
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:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
ADVANCED MICRO DEVICES	WALMART
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
SEMICONDUCTORS	RETAIL
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$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
Stock Other (Describe)	Stock Other (Describe)
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 of World (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ /23 / /23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
MACY'S	YETI
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
RETAIL	HOUSEHOLD PRODUCTS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	<b>3</b> \$2,000 - \$10,000 <b>3</b> \$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 (Describe)	Stock Other (Describe)
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:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
<u>.</u>	
Comments:	

#### **Investments**

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

Investments must be itemized.

)O	

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
MELCO RESORTS AND ENTERTAINMENT LTD	JP MORGAN CHASE
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
HOSPITALITY	FINANCIALS
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>\$2,000 - \$10,000 \$10,001 - \$100,000</b>	\$2,000 - \$10,000 <b>1</b> \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
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:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
OFNER A RECORDED OF THE RECORD	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$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
Stock Other	Stock Other
(Describe)  Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	(Describe)  Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	//23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	1 1 1
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	The second rest of this position
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$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 Stock Other	NATURE OF INVESTMENT
(Describe)	Stock Other (Describe)
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:
/ /23 / /23	/ /23 / /23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
L.	And the second s
Comments:	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
SSGA TRUST COMPANY	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1 IRON STREET, BOSTON MA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
FINANCIAL SERVICES	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
VICE PRESIDENT	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 = \$1,001 - \$10,000
☐ \$10,001 - \$100,000 <b>■</b> OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(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
(Describe)  ▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	(Describe)
You are not required to report loans from a commercial le a retail installment or credit card transaction, made in the to members of the public without regard to your official sta- regular course of business must be disclosed as follows:	nding institution, or any indebtedness created as part of lender's regular course of business on terms available
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
J 572.1 \$100,000	Other (Describe)
	,
Comments:	



# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

TULARE COUNTY EMPLOYEES'

Date Initial Filing Received

RETIREMENT ASSOCIATION

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
COLEMAN	THOMAS	COSGRAVE
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
TULARE COUNTY EMPLOYEE	S' RETIREMENT ASSO	CIATION
Division, Board, Department, District, if app	plicable	Your Position
▶ If filing for multiple positions, list below	or on an attachment. (Do not us	se acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at	least one box)	
State		<ul> <li>Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)</li> </ul>
Multi-County		County of TULARE
City of		Other
3. Type of Statement (Check at leas	et one box)	
Annual: The period covered is Janua December 31, 2023.	ary 1, 2023, through	Leaving Office: Date Left(Check one circle.)
The period covered is December 31, 2023.	_/, through	<ul> <li>The period covered is January 1, 2023, through the date of leaving office.</li> </ul>
Assuming Office: Date assumed		☐ The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought	t, if different than Part 1:
4. Schedule Summary (required)	► Total number	of pages including this cover page: 3
Schedules attached		
Schedule A-1 - Investments - sche	edule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - sche	edule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - sche	edule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- None - No reportable intere	ests on any schedule	
5. Verification	one on any constant	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY CITY	STATE ZIP CODE
1 IRON STREET	BOST	ON MA
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(617 ) 664-6298		tom_coleman@ssga.com
I have used all reasonable diligence in prep herein and in any attached schedules is tru	paring this statement. I have revieuse and complete. I acknowledge	ewed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under	the laws of the State of Califor	nia that the foregoing is true and correct.
Date Signed MAR 4 2024		Trumal ( a)
(month, day, year)		(File the originally signed paper statement with your filing official.)

#### **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 FAIR POLITICAL PRACTICES COMMISSION

Name

Thomas C. Coleman`

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
STATE STREET CORPORATION (STT)	Novartis AG (NVS)
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Financial Services / Asset Management	Healthcare / Drug Manufacturers
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$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	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
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:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000  \$10,001 - \$100,000	\$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
Stock Other (Describe)	Stock Other
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	(Describe)  Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	//23//23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
7	NAME OF BOSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
SENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	10
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$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 Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	Stock Other (Describe)
☐ 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:
, 23	, , , , , , , , , , , , , , , , , , , ,
ACQUIRED DISPOSED	// <u>23</u> // <u>23</u> ACQUIRED DISPOSED
Comments:	

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

CALIFORNIA FORM  FAIR POLITICAL PRACTICES CO	
Name	
Thomas C. Coleman'	

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
STATE STREET GLOBAL ADVISORS	Novartis Institutes for BioMedical Research
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1 IRON STREET BOSTON MA 02210	100 Technology Square, Cambridge, MA 02139
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
VICE PRESIDENT / PORTFOLIO MANAGER	ASSOCIATE DIRECTOR
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(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
(Describe)  ▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	(Describe)
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	%  \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	Glidel addiess
\$500 - \$1,000	City
\$1,001 - \$10,000	
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other
OVER \$100,000	Other(Describe)

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initation Received

TULARE COUNTY EMPLOYEES' RETIREMENT ASSOCIATION

Please type or print in ink.	
NAME OF FILER (LAST) (FIRST)	(MIDDLE)
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
Tulare County	07
Division, Board, Department, District, if applicable	Your Position
	ent Assoc Investment Manage
▶ If filing for multiple positions, list below or on an attachment. (Do not us	
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	Acounty of To ave
City of	Other
3. Type of Statement (Check at least one box)	_
Annual: The period covered is January 1, 2022, through December 31, 2022.	Leaving Office: Date Left 1( 3 0 2023 (Check one circle.)
The period covered is/, through December 31, 2022.	☐ The period covered is January 1, 2022, through the date of leaving office.  -or-
Assuming Office: Date assumed/	The period covered is
Candidate: Date of Election and office sough	t, if different than Part 1:
4. Schedule Summary (required) ► Total number	r of pages including this cover page:
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)  55GA 1 1 1 20 N Street Box	Stor MA 02210
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(6(7) 664-4896	david-chinessga.com
I have used all reasonable diligence in preparing this statement. I have reviewherein and in any attached schedules is true and complete. I acknowledge	ewed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the laws of the State of Califor	rnia that the foregoing is true and correct.
Data Signed DUR 11. 7012	Signature O
Date Signed (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.

Life and the latest a	A FORM 700 PRACTICES COMMISSION
Name	

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Stute Street (DCD.	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
C . 1 /	
timescral Services	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IE ADDUCADIE LICT DATE:	IF APPLICABLE, LIST DATE:
IF APPLICABLE, LIST DATE:	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
PAID MARKET VALUE	FAIR MARKET VALUE
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000	\$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
	ALATURE OF INVESTMENT
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
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)
Internal (1000) or the first of the same o	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//22	
ACQUIRED DISPOSED	ACCOUNTED BIOI COLD
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
<b>41,11,11</b>	
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	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499	Partnership Income 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:
	, , , , , , , , , , , , , , , , , , , ,
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NOWOTHED DIGITORED	1
O	
Comments:	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
SSGA	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1 Iron Street, Boston	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investment Management	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Portfolio Manager	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000\$1,001 - \$10,000	\$500 - \$1,000\$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
── (Real property, car, boat, etc.)  ☐ Loan repayment	(Real property, car, boat, etc.)  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(Describe)
(Describe)  ▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%None
ADDRESS (business Address Acceptable)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
<u>\$500 - \$1,000</u>	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	

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

MAR 01 2024

Please type or print in ink.

TILLARE CO

NAME OF FILER (LAST)	/EIDOTh .		RETIREMENT ACCEPTAGES
Opponnell	FIRST	(MIDI	
1. Office, Agency, or Court	710010		<u> </u>
Agency Name (Do not use acronyms)  Ture Ount Division, Board, Department, District, if applicable	loyces Re	Fremunt System Your Position	m.
▶ If filing for multiple positions, list below or on a	an attachment. (Do not u	se acronyms)	ut.
Agency:		Position:	
2. Jurisdiction of Office (Check at least of State    Multi-County   City of	ne box)	Judge, Retired Judge, Pro Te (Statewide Jurisdiction)  County of Tu) au  Other	em Judge, or Court Commissioner
3. Type of Statement (Check at least one by Annual: The period covered is January 1, 20 December 31, 2023.  The period covered is			one circle.) anuary 1, 2023, through the date
Assuming Office: Date assumed/_		-01-	
Candidate: Date of Election	and office sought,	if different than Part 1:	
4. Schedule Summary (required) Schedules attached	➤ Total number	of pages including this cover	page: 2
Schedule A-1 - Investments – schedule atta  Schedule A-2 - Investments – schedule atta  Schedule B - Real Property – schedule atta	ached	Schedule C - Income, Loans, & Busin Schedule D - Income - Gifts - sched Schedule E - Income - Gifts - Travel	ule attached
-or- None - No reportable interests on	anv schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Pocliment)  DAYTIME TELEPHONE NUMBER	155.	STATE (STATE )	CA 93921
( )		Kala-odonne	ell@ssga.com
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co	ompiete. I acknowledge tr	ils is a public document.	
I certify under penalty of perjury under the laws	of the State of Californi	a that the foregoing is true and corre	ect.
Date Signed 22724 (month, day, year)	Sig	nature Kalason	Donnell

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

# SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

		ORNIA FORM 70 ITICAL PRACTICES COMMISS

NAME OF SOURCE OF INCOME	► 1. INCOME RECEIVED
State Steet GIOVA ATUISON	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)  ADDRESS (Business Address Acceptable)  ADDRESS (Business Address Acceptable)  ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
INVESTMENT MANAGEMENT	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION VICE SIDENT	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 QVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(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
(Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	(Describe)
a retail installment or credit card transaction, made in th	lending institution, or any indebtedness created as part of
to members of the public without regard to your official serious regular course of business must be disclosed as follows  NAME OF LENDER*	status. Personal loans and loans received not in a lender's
to members of the public without regard to your official s regular course of business must be disclosed as follows	status. Personal loans and loans received not in a lender's  INTEREST RATE  TERM (Months/Years)
to members of the public without regard to your official s regular course of business must be disclosed as follows NAME OF LENDER*  ADDRESS (Business Address Acceptable)	Status. Personal loans and loans received not in a lender's  INTEREST RATE  TERM (Months/Years)  ———————————————————————————————————
to members of the public without regard to your official s regular course of business must be disclosed as follows	status. Personal loans and loans received not in a lender's  INTEREST RATE  TERM (Months/Years)
to members of the public without regard to your official s regular course of business must be disclosed as follows NAME OF LENDER*  ADDRESS (Business Address Acceptable)	INTEREST RATE TERM (Months/Years)
to members of the public without regard to your official s regular course of business must be disclosed as follows NAME OF LENDER*  ADDRESS (Business Address Acceptable)	INTEREST RATE TERM (Months/Years)
to members of the public without regard to your official 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)
to members of the public without regard to your official 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	INTEREST RATE TERM (Months/Years)
name of the public without regard to your official stregular 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	INTEREST RATE TERM (Months/Years)
to members of the public without regard to your official seregular 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	INTEREST RATE TERM (Months/Years)  —
name of the public without regard to your official stregular 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	INTEREST RATE TERM (Months/Years)
to members of the public without regard to your official seregular 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  \$10,001 - \$100,000  OVER \$100,000	INTEREST RATE TERM (Months/Years)
to members of the public without regard to your official seregular 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	INTEREST RATE TERM (Months/Years)

#### ECESTATEMENT OF ECONOMIC INTERESTS **COVER PAGE** 9 2974

A PUBLIC DOCUMENT

THE CHILD Colved	
Filing Official Use Only	

Please type or print in ink. TULARE COUNTY EMPLOYEES	TULARE COUNTY EMPLOYEES'		
NAME OF FILER (LAST) RETIREMENT ASSOCIATION	(MIDDLE) HEHRENT ASSOCIATION		
Wu Xianhang			
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Tulare County Employees'Retirement Association			
Division, Board, Department, District, if applicable	Your Position		
	Investment Manager		
▶ 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 Tulare		
City of	Other		
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2022, through	Leaving Office: Date Left/		
December 31, 2022.	(Check one circle.)		
-or- The period covered is/, through	☐ The period covered is January 1, 2022, through the date of		
December 31, 2022.	leaving office.		
Assuming Office: Date assumed 11 / 30 / 2023	The period covered is/, through the date of leaving office.		
Candidate: Date of Election and office soug	ht, if different than Part 1:		
4. Schedule Summary (required) ► Total number	er of pages including this cover page: "Z		
Schedules attached	er or pages moraling this cover page.		
_	Schedule C - Income, Loans, & Business Positions – schedule attached		
Schedule A-1 - Investments – 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		
Scriedule B - Near Property - Scriedule 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)	on MA 02210		
1 Iron Street Bosto	EMAIL ADDRESS		
(617 ) 664-0349	xianhang_wu@ssga.com		
I have used all reasonable diligence in preparing this statement. I have re-	viewed 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.			
i certify under penalty or perjury under the laws or the otate of calls	O / I		
Date Signed 12/8/2023	Signature X:www.		
(month, day, year)	(File the originally signed paper statement with your filing official.)		

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
State Street Corp	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1 Lincoln Street, Boston, MA 02111	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION Assistant Vice President	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$1,001 - \$10,000 \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)  Loan repayment	(Real property, car, boat, etc.)  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
(Paratha)	(Describe)
(Describe)	
Other(Describe)	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	ERIOD
a retail installment or credit card transaction, made in th	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
2	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	·
S10,001 - \$100,000	Guarantor
OVER \$100,000	Other(Describe)
Comments:	