

**STATEMENT OF ECONOMIC INTERESTS**  
**FOR**  
**PRINCIPAL INVESTIGATORS**  
*A Public Document*

Date Received \_\_\_\_\_  
 Campus Use Only

Campus: \_\_\_\_\_

ID No: \_\_\_\_\_

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	TELEPHONE NUMBER ( )
ACADEMIC UNIT OR DEPARTMENT		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.)