DISCLOSURE OF GIFTS, CONTRIBUTIONS AND HONORARIA

(Government Code Section (§ 84308)

Please read carefully, complete the appropriate section, and return to LAFCO immediately.

State laws require that participants in the proceeding before LAFCO must disclose all gifts, contributions, honoraria, etc., given to any LAFCO Commissioner or Alternate, if the combined amount for any one Commissioner or Alternate is $390 or more.

All persons who are parties to or participants in a LAFCO action, including the applicants, their immediate family members, spouses, business partners, and agents, must total up any such gifts made in the 12 months prior to the LAFCO decision.

If combined contributions to any individual Commissioner or Alternate total less than $390, sign the declaration below.

If the combined amount is $390 or more, please designate the recipient and the contributor(s) on the back of this sheet.

Without the disclosure statement, the LAFCO cannot take any action on your project.

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTRIBUTIONS, GIFTS, HONORARIA, ETC. TOTALING MORE THAN $390 <strong>HAVE NOT BEEN MADE</strong> TO ANY COMMISSIONER OR ALTERNATE WITHIN 12 MONTHS PRECEDING THE SCHEDULED HEARING DATE.</td>
<td>CONTRIBUTIONS, GIFTS, HONORARIA, ETC. TOTALING MORE THAN $390 <strong>HAVE BEEN MADE</strong> TO A COMMISSIONER(S) OR ALTERNATE(S) WITHIN 12 MONTHS PRECEDING THE SCHEDULED HEARING DATE.</td>
</tr>
<tr>
<td>LAFCO Project Name:</td>
<td><strong>FILL OUT THE FORM ON BACK</strong></td>
</tr>
<tr>
<td>Participant’s Signature:</td>
<td></td>
</tr>
<tr>
<td>Date: ____________________</td>
<td></td>
</tr>
</tbody>
</table>
LAFCO PROJECT NAME: _______________________________________

Applicant/Agent Signature: ________________________ Date: _________

Commissioner Recipient: _____________________________

Name of Contributor: __________________________________________________

Commissioner Recipient: _____________________________

Name of Contributor: __________________________________________________

Commissioner Recipient: _____________________________

Name of Contributor: __________________________________________________

Commissioner Recipient: _____________________________

Name of Contributor: __________________________________________________

Commissioner Recipient: _____________________________

Name of Contributor: __________________________________________________

Name of Commissioner or Alternate: _____________________________

Name of Contributor: __________________________________________________

Attach additional sheets, if needed.