### STATE OF CALIFORNIA - DEPARTMENT OF FINANCIAL PROTECTION AND INNOVATION

# PERSONAL FINANCIAL STATEMENT FOR THE CONFIDENTIAL USE OF THE COMMISSIONER OF FINANCIAL PROTECTION AND INNOVATION



DFPI-2 (Rev. 10-20)

Name									
Address									
Business or Occupation									
TO THE COMMISSIONER OF CALIFORNIA, SACRAMENT					NOVATION	, STATE OF			
	COND	OITION ON			20				
ASSETS		DOLLARS CE	NTS		LIABILITIE		DOLLAI	RS CENTS	
CASH ON HAND				NOTES PAYAB	LE TO BANKS–unse				
CASH IN BANK									
NOTES RECEIVABLE–SECURED BY MORTGAGE								,	
NOTES RECEIVABLE-otherwise secured				NOTES PAYAB	LE-OTHER THAN T	O BANKS-unsecure	D		
NOTES RECEIVABLE—unsecured					LE WITH SECURITY REAL ESTATE (ITEMI				
ACCOUNTS RECEIVABLE-NOT DUE			ACCOUNTS PA	YABLE					
ACCOUNTS RECEIVABLE-PAST DUE				LOANS ON LIF	E INSURANCE				
U. S. GOVT. OBLIGATIONS				TAXES				<u>.</u>	
STOCKS, BONDS, AND OTHER INVESTMENT (INCLUDE FUNDS IN BUILDING OR SAVINGS AND LOAN COM (ITEMIZE PAGE 2)			MORTGAGES OR LIENS ON REAL ESTATE (ITEMIZE BELOW)  ANY OTHER INDEBTEDNESS-DUE WITHIN ONE YEAR						
CASH VALUE-LIFE INSURANCE									
REAL ESTATE (ITEMIZE BELOW)			ANY OTHER INDEBTEDNESS-DUE BEYOND ONE YEAR						
ANY OTHER ASSETS-ITEMIZE									
				TOTAL LIABILITIES					
				NET WORTH					
	TOTAL					ΓAL			
		SCHEDULE	OF I	REAL ESTAT	TE OWNED				
DESCRIPTION AND LOCATION	TITI	LE IN WHOSE NAME		MPROVED OR	APPRAISED	MORTGAGES	TAX VALUE		INSURANCE
				JNIMPROVED	VALUE				
				_					
CONTINGENT LIABILITY OF ANY KIND (IF NONE, SO INDICATE)							DOLLARS		CENTS
UPON NOTES OF AGGS TO THE TOTAL TOTA	DIAGOTE :=	ED GOLD CT : 227	- P			1		-	-
UPON NOTES OR ACCOUNTS RECEIVABLE I AS GUARANTOR FOR OTHERS ON NOTES, B			ED						
ANY OTHER CONTINGENT LIABILITY-ITEM									
				TOTAL	CONTINGENT LIA	BILITIES			

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#### STOCKS, BONDS, AND OTHER INVESTMENTS

		, ,						
DESCRIPTION	AMOUN'	Г	DESCRIPTION					
SCHEDULE OF LIA	BILIT	TIES SECUI	RED BY ASSETS	OTHE	ER THAN REAL ES	TATE		
NAME OF CREDITOR	Α	MOUNT	TYPE OF OBLIGAT	TYPE OF OBLIGATION		JRITY A	MOUN	NT OF SECURITY
	\$					\$		
STATEMENT OF NET WORTH AND INC	COME	AND EXPE	NSES			FI	LL IN	DATES
FOR THE PERIOD BEGINNING		20	AND ENDIN	G		20		4
NET WORTH AT CLOSE OF PREVIOUS YEAR				-		•		
ADD INCOME FOR PERIOD AS ABOVE FROM FOI						φ		
SALARIES, WAGES, COMMISSIONS, FEES, F	ETC			\$		1		
INCOME (OR LOSS) FROM BUSINESS OR PR	OFESSI	ON						
INCOME (OR LOSS) FROM PARTNERSHIPS,								
RENTS AND ROYALTIES PROFIT (OR LOSS) ON INVESTMENTS						1		
INCOME FROM INVESTMENTSINCOME FROM INVESTMENTS								
OTHER INCOME-ITEMIZE						]		
TOTAL INCO	ME FOR	R PERIOD						
DEDUCT EVENIGES BAID						\$		
TAXES PAID-FEDERAL INCOME \$				\$		_		
INTEREST PAID		•				1		
OTHER DEDUCTIONS-ITEMIZE								
NET WORTH AT CLOSE OF PERIOD (MUST AGRE	E WITH	NET WORTH C	N PAGE 1)			\$		
,	ALL C	DUESTION	IS SHOULD BE A	NSW	ERED			
LIST ASSETS, PLEDGED OR HYPOTHECATED								_
ARE THERE ANY JUDGMENTS UNSATISFIED	TS PENDING AGAINST YOU?			AMOUNT \$	AMOUNT \$			
LIFE INSURANCE CARRIED \$			CASH VALU	E \$				
NAME OF BENEFICIARY								_
STATE MAXIMUM AMOUNT BORROWED FRO								_
\$	DATE -							_
STATE MINIMUM AMOUNT BORROWED FRO	M ALL	SOURCES AT A	ANY ONE TIME DURING	YEAR				
<b>\$</b> 1	DATE _							
								<del></del>
he undersioned haraby contifies that the	famage	ina atotomo	nt has ha an asrafi	11	d by the undersioned	l that it is	a a +m	
the undersigned hereby certifies that the tatement of the undersigned's financial c								
anovation, State of California, for confid				iiicu t	y are commissioner	or r mane	cial I	ioccuon and
and and of Cultoffine, for Colline	111141	official abo.	•					
The foregoing is a statement of my finance	cial co	ndition on _			, 20			
Date signed								

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Notice to Individuals – Use of Information

The Commissioner of Financial Protection and Innovation (the "Commissioner") is authorized by the Financial Code to gather and maintain the information requested in the form you have accessed. If the form is submitted in connection with any application or other matter before the Commissioner, the requested information is deemed necessary to process that application or other matter pursuant to the Financial Code. If the requested information is not accurately and completely provided, the application may be denied, or the other matter may be resolved against your interests.

If the form requests you to provide your social security account number, please be advised that providing your social security account number is voluntary. Your social security account number will be used as an identifier, and may be used to verify information provided to the Department of Financial Protection and Innovation (the "Department"). Failure to provide your social security number may require the Department to use other methods to verify information, which may cause delays in processing this information and any related application or other matter. If the information you have provided to the Department cannot be verified, the Department may reject your filing and deny any related application or cause any other matter to be resolved against your interests. In addition, the Commissioner may request additional information or clarification of submitted information.

You may be required to provide your fingerprints in conjunction with submitting your personal information. If your fingerprints are required, the Department will provide you with the necessary instructions and, if applicable, the forms upon which your fingerprints may be submitted.

In processing the information you provide, the Department may cause a consumer credit report to be prepared in accordance with the provisions of Title 1.6, Part 4, Division Third of the Civil Code (commencing at Section 1785.1), or an investigative consumer report to be prepared in accordance with the provisions of Title 1.6A, Part 4, Division Third of the Civil Code (commencing at Section 1786), or the respective successor statutes.

The information you provide the Department will be held in confidence as required by the Information Practices Act (Civil Code Section 1798, et seq.). The Information Practices Act provides that the Department may share the information you provide with the Department of Insurance, other federal and state financial institution regulators, law enforcement agencies, or any other governmental entity if the disclosure is required under state or federal law. In addition, the Department may share the information you provide with any such agency if the disclosure assists the agency in discharging its duties.

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### **DFPI's Privacy Notice on Collection**

**DFPI Collects and Uses Personal Information**: The DFPI collects the information requested on this form as authorized by Chapter 1 of Title 10 of the California Code of Regulations. The DFPI uses this information to process applications related to entities authorized to engage in business

under the Financial Institutions Law. Use of the personal Information DFPI collects is subject to limitations contained in the Information Practices Act of 1977 and other applicable state and federal laws.

**Providing Personal Information Is Mandatory:** When providing information or documents, please do not include unrequested personal information such as a Social Security number, driver's license number, or financial information.

**DFPI May Disclose Your Personal Information:** We may share your personal information with other federal and state financial institution regulators, or any law enforcement agency. Your personal information may also be disclosed:

- In response to a Public Records Act request, as allowed by the information Practices Act.
- To another governmental agency as required by state or federal law.
- In response to a court order or administrative order, a subpoena or a search warrant.

**Your Access to Your Personal Information:** You may review the records maintained by DFPI that contain your personal information. To request access, contact: DFPI Privacy Officer, 2101 Arena Blvd, Sacramento, CA 95834, (866) 275-2677.