

STATE OF CALIFORNIA - DEPARTMENT OF BUSINESS OVERSIGHT
**PERSONAL FINANCIAL STATEMENT FOR THE CONFIDENTIAL USE
 OF THE COMMISSIONER OF BUSINESS OVERSIGHT, STATE OF CALIFORNIA**

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STOCKS, BONDS, AND OTHER INVESTMENTS

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

SCHEDULE OF LIABILITIES SECURED BY ASSETS OTHER THAN REAL ESTATE

NAME OF CREDITOR	AMOUNT	TYPE OF OBLIGATION	DESCRIPTION OF SECURITY	AMOUNT OF SECURITY
	\$			\$

STATEMENT OF NET WORTH AND INCOME AND EXPENSES
 FOR THE PERIOD BEGINNING _____ 20 ____ AND ENDING _____

FILL IN DATES

20 ____ ←

NET WORTH AT CLOSE OF PREVIOUS YEAR.....				\$		
ADD INCOME FOR PERIOD AS ABOVE FROM FOLLOWING SOURCES:						
SALARIES, WAGES, COMMISSIONS, FEES, ETC.	\$					
INCOME (OR LOSS) FROM BUSINESS OR PROFESSION						
INCOME (OR LOSS) FROM PARTNERSHIPS, SYNDICATES, POOLS, ETC.						
RENTS AND ROYALTIES.....						
PROFIT (OR LOSS) ON INVESTMENTS.....						
INCOME FROM INVESTMENTS.....						
OTHER INCOME-ITEMIZE.....						
TOTAL INCOME FOR PERIOD.....						
TOTAL.....				\$		
DEDUCT-EXPENSES PAID.....	\$					
TAXES PAID-FEDERAL INCOME \$ _____ OTHER \$ _____						
INTEREST PAID.....						
OTHER DEDUCTIONS-ITEMIZE.....						
TOTAL DEDUCTIONS FOR PERIOD.....						
NET WORTH AT CLOSE OF PERIOD (MUST AGREE WITH NET WORTH ON PAGE 1).....				\$		

ALL QUESTIONS SHOULD BE ANSWERED

LIST ASSETS, PLEDGED OR HYPOTHECATED OTHER THAN AS STATED ABOVE _____

ARE THERE ANY JUDGMENTS UNSATISFIED OR SUITS PENDING AGAINST YOU? _____ AMOUNT \$ _____

LIFE INSURANCE CARRIED \$ _____ CASH VALUE \$ _____

NAME OF BENEFICIARY _____

STATE MAXIMUM AMOUNT BORROWED FROM ALL SOURCES AT ANY ONE TIME DURING YEAR

\$ _____ DATE _____

STATE MINIMUM AMOUNT BORROWED FROM ALL SOURCES AT ANY ONE TIME DURING YEAR

\$ _____ DATE _____

The undersigned hereby certifies that the foregoing statement has been carefully read by the undersigned, that it is a true and correct statement of the undersigned's financial condition. This statement may be retained by the Commissioner of Business Oversight, State of California, for confidential official use.

The foregoing is a statement of my financial condition on _____, 20____

Date signed _____

Sign here _____

Notice to Individuals – Use of Information

The Commissioner of Business Oversight (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 Business Oversight (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.

Each individual has the right to review information maintained by the Department regarding him or herself, unless access to some or all of the information is exempt from disclosure by law. The official responsible for maintaining information gathered by the Department is as follows:

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For all matters relating to credit unions:

Attn: Commissioner, Credit Unions
Department of Business Oversight
Division of Financial Institutions
300 South Spring Street, Suite 15513
Los Angeles, California, 90013-1204

For all matters relating to money transmitters:

Attn: Commissioner, Money Transmitters
Department of Business Oversight
Division of Financial Institutions
45 Fremont Street, Suite 1700
San Francisco, California, 94105-2219

For all other matters:

Attn: Chief State Examiner
Department of Business Oversight
Division of Financial Institutions
1515 K Street, Suite 200
Sacramento, California 95814-4052