

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM 02/2015
COVER SHEET PG 1

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

Polly Walton

20 Filer ID (Ethics Commission Filers)

NA

UNIVERSITY OF CALIFORNIA CONTRIBUTION FORM

SCHEDULE A-F

With this information blank or illegible, DO NOT include this receipt in the report.



1. Donor's name (Print or type)

John

2. Date

Polly Walton

3. Amount of contribution (\$) 7

4. Date

5. Full name of contributor

John Nolan

6. Contributor address

Adrian T. Gray

Retired

603

Full name of contributor

Employee ID No.

Amount of contribution (\$)

Contributor address

City

State

Zip Code

Employer (See instructions)

Present occupation / Job title (See instructions)

Date

Full name of contributor

Employee ID No.

Amount of contribution (\$)

Amount of contribution (\$)

Contributor address

City

State

Zip Code

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

POLITICAL EXPENDITURES MADE