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GOVERNOR'S OFFICE
LEGAL AFFAIRS

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Ulrich	Linda	Anne	[redacted]

MAILING ADDRESS (May use business address) STREET	CITY	STATE	ZIP CODE	OPTIONAL FAX / E-MAIL ADDRESS
444 N. Capitol Street, N.W. Suite 134	Washington	DC	20001	202/624-6280

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Office of Governor Arnold Schwarzenegger

Division, Board, District, if applicable:

Washington D.C. Field Office

Your Position:

Director

▶ If filing for multiple positions, list additional agency(ies)/position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office *(Check at least one box)*

[x] State

[ ] County of _____

[ ] City of _____

[ ] Multi-County _____

[ ] Other _____

3. Type of Statement *(Check at least one box)*

[ ] Assuming Office/Initial Date: ___/___/___

[x] Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

O The period covered is ___/___/___, through December 31, 2008.

[ ] Leaving Office Date Left: ___/___/___
(Check one)

O The period covered is January 1, 2008, through the date of leaving office.

-or-

O The period covered is ___/___/___, through the date of leaving office.

[ ] Candidate Election Year: _____

4. Schedule Summary

▶ Total number of pages including this cover page: 2

▶ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 [ ] Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 [ ] Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B [ ] Yes – schedule attached
Real Property

Schedule C [ ] Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D [x] Yes – schedule attached
Income – Gifts

Schedule E [ ] Yes – schedule attached
Income – Gifts – Travel Payments

-or-

[ ] No reportable interests on any schedule

5. 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 March 23, 2009
(month, day, year)

Signature [redacted]

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
Apple, Inc.
ADDRESS
1 Infinite Circle
BUSINESS ACTIVITY, IF ANY, OF SOURCE
NGA Summer Meeting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 13 / 08	$ 25.77	**Reception
/ /	$	
/ /	$	

▶ NAME OF SOURCE
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

▶ NAME OF SOURCE
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

▶ NAME OF SOURCE
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

▶ NAME OF SOURCE
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

▶ NAME OF SOURCE
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Comments: **Reimbursed to Apple, Inc. for full amount of per person reception cost of $25.77. Paid by personal check on March 10, 2009.

TOTAL P.03