

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
 A PUBLIC DOCUMENT

Date Initial Filing Received
 BBK City Clerk 08-03-2020
 Public Official Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Schultz Nicholas Bernard Coolon

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 City of Burbank
 Division, Board, Department, District, if applicable
 Your Position
 City Council Candidate
 ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
 Agency: _____ Position: _____

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

State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of Burbank Other _____

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

Annual: The period covered is January 1, 2019, through December 31, 2019.
 -or- The period covered is ____/____/____, through December 31, 2019.
 Assuming Office: Date assumed ____/____/____
 Candidate: Date of Election 11/03/2020 and office sought, if different than Part 1: _____
 Leaving Office: Date Left ____/____/____ (Check one circle.)
 The period covered is January 1, 2019, through the date of leaving office.
 -or-
 The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: _____

Schedules attached

Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached
 Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached
 Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 _____ Burbank, CA 91510
 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
 _____ _____

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 acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed July 30, 2020 Signature _____
 (month, day, year)

SCHEDULE D
Income – Gifts

▶ **NAME OF SOURCE (Not an Acronym)**
 University of Oregon c/o Heartland ECSI

ADDRESS (Business Address Acceptable)
 P.O. Box 1238, Wexford, PA 15090-1238

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Student Loan Service Provider

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 02 / 19	\$ 1043.25	Perkins Loan Forgiveness
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ **NAME OF SOURCE (Not an Acronym)**
 ECSI Federal Perkins Loans Servicer

ADDRESS (Business Address Acceptable)
 P.O. Box 1079, Wexford, PA 15090

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Student Service Loan Provider

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 09 / 20	\$ 1355.83	Perkins Loan Forgiveness
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ **NAME OF SOURCE (Not an Acronym)**

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ **NAME OF SOURCE (Not an Acronym)**

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ **NAME OF SOURCE (Not an Acronym)**

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ **NAME OF SOURCE (Not an Acronym)**

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____