	(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same jobs. Write "Question 1—Other Jobs" at the top.)
	2. Age and education
	a. My age is (specify): 47
	b. I have completed high school or the equivalent: X Yes No If no, higher c. Number of years of college completed (specify): 4 X Degree(s) obtained (specify): 3 X Degree(s) of the completed (specify): 3 X Degree(s) of the college completed (specify): 3 X Degree(s) of the college completed (specify): California State Bar vocational training (specify):
	3. Tax information
	 a. X I last filed taxes for tax year (specify year): 2018 b. My tax filing status is X single head of household married, filing married, filing pointly with (specify name): c. I file state tax returns in X California other (specify state): d. I claim the following number of exemptions (including myself) on my taxes (specify): 4 (set 4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in This estimate is based on (explain): Petitioner's Income and Expense Declaration (If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch structure question number before your answer.) Number of pages attached:
	I declare under penalty of perjury under the laws of the State of California that the information contany attachments is true and correct.
17	Date: November 7, 2019

1. Employment (Give information on your owner ist	BD 639740
Employment (Give information on your current job or, Attach copies a. Employer: Pierce Bainbridge Bec	r you're unemployed, your most recent job.)
Attack conice w Lindovol, I tolde Dalliolinge Dec	K Price & Heart III
of your pay b. Employer's address: 355 South Grastubs for last c. Employer's phone number: (213) 26	and Avenue, 44th Floor, Los Angeles, CA 90071
stubs for last 5. Employer's phone number: (213) 20	2-9333
	artner
- Date job started, Startually 2017	11,
Security In differ ployed, date job ended: N/A	
nimbara)	eék
h. I get paid \$ Varies gross (before to	axes) per month per week per hour.
If you have more than one job, attach an 8 1/2-by-11-in	ch sheet of paper and list the same information as above for your other
	on sheet of paper and list the same information as above for your other
2. Age and education	
a. My age is (specify): 47	
h I have completed blab seheet #	X Yes No If no highest grade completed (exact)
c. Number of years of college completed (specify):	into, riighest grade completed (specify):
d Number of years of and the completed (specify):	4
d. Number of years of graduate school completed (spe	clfy): 3 Degree(s) obtained (specify): J.D.
The second and second and second second	(specify): California State Bar
vocational training (specify):	
. Tax information	
a. X I last filed taxes for tax year (specify year): 20	18
b. My tax filing status is x single hear	d of household married, filing separately
married, filing jointly with (specify name):	married, ming separately
c. I file state tax returns in X California	other (specify state):
d. I claim the following number of exemptions (including	myself) on my taxes (specify): 4 (self and three children)
Other mentals like and I will be a second to the control of the co	mysell) on my taxes (specify): 4 (self and three children)
This setimate is beautiful income. I estimate the gross monthly income.	ome (before taxes) of the other party in this case at (specify): \$ 2,500
or (oxplain). Petitioner's Inco	me and Expense Declaration
you need more space to answer any questions on the	A CONTRACTOR OF THE CONTRACTOR
uestion number before your answer.) Number of page	s attached:
declare under penalty of perjury under the laws of the State	of Colifornia Harris in
ny attachments is true and correct.	of California that the information contained on all pages of this form and
ate: November 7, 2019	
	1 900
John M. Pierce	
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)
m Adopted for Mandatory Use INCOME AND	To a second seco
Itolal Council of California INCOME AND 150 (Rev. January 1, 2019)	EXPENSE DECLARATION Family Code, §§ 2030–2032, 2100–2113
, vo.	3552, 3620–3634, 4050–4076, 4300–4339 www.courts.ca.gov
	LexisNexis Automated California Judicial Council Forms
· ·	- Cancal Torms

Form Adopted for Mandatory Use Judicial Council of California FL-150 [Rev. January 1, 2019]

PARTY WITHOUT ATTORNEY OR ATTORNEY

FIRM NAME: Phillips Jessner LLP

STREET ADDRESS: 111 North Hill Street

OTHER PARTY/PARENT/CLAIMANT:

CITY AND ZIP CODE: Los Angeles, CA 90012 BRANCH NAME: Central District

CITY: Los Angeles

MAILING ADDRESS:

STREET ADDRESS: 350 South Grand Avenue, Suite 3550

TELEPHONE NO.: (213) 687-2650 FAX NO.: E-MAIL ADDRESS: Crt@phillipsjessner.com
ATTORNEY FOR (riama): Respondent JOHN M. PIERCE

PETITIONER:

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

RESPONDENT: JOHN M. PIERCE

INCOME AND EXPENSE DECLARATION

STATE BAR NUMBER:

STATE: CA ZIP CODE: 90071

FAX NO.: (213) 687-2651

Patricia Phillips (SBN 41516); Gregory W. Jessner (SBN 121920)

FL-150

FOR COURT USE ONLY

	FL-15
PETITIONER:	CASE NUMBER:
RESPONDENT: JOHN M. PIERCE	
OTHER PARTY/PARENT/CLAIMANT:	BD 639740
Attach copies of your pay stubs for the last two months and proof of any other incom- return to the court hearing. (Black out your Social Security number on the pay stub a	ne. Take a copy of your latest federal tax
 Income (For average monthly, add up all the income you received in each category in the and divide the total by 12.) 	he last 12 months Average
a. Salary or wages (gross, before taxes)	Last month monthly
o. Overtime (gross, before taxes)	
The state of the s	
a. I dolle desistance (for example: TANE, SSI, GA/GR)	
for a different marriage I from a different marriage	daneth, to sell a fi
from a different description	
State disability (SDI)	directs to the second
, chemployment compensation	
Typinolo componedion	0
 Other (military allowances, royalty payments) (specify): 	\$ <u>0</u> 0
6. Investment income (Attach a schedule showing gross specials to a second	*
Investment income (Attach a schedule showing gross receipts less cash expenses for a. Dividends/interest Rental property income.	each piece of property.)
b. Rental property income	\$00
c. Trust income	\$ 0 0
d. Other (specify):	\$ 0 0
	0 0
7. Income from self-employment, after business expenses for all businesses	\$0 Negative
I am the owner/sole proprietorX business partner other (specify): 3 years	ify):
Name of business (specify): Diagon Bainhaida But B	. *
Law Office	
Attach a profit and loss statement for the last two years or a Schedule C from your Social Security number. If you have more than one business, provide the information	an abatta fan aaab af
 Additional income. I received one-time money (lottery winnings, inheritance, etc.) is amount): 	n the last 12 months (specify source and
9. Change in Income. My financial situation has changed significantly over the last 12	months because (specify)
10. Deductions	()
	Last month
a. Required union dues	Last month
- Required retirement payments (not Social Security FICA A01/k) or IDA)	
y y attach explanation la	abeled "Question 10g")\$ 0
11. Assets	
Cash and checking accounts, savings, credit union, money market, and other deposit a Stocks, bonds, and other assets I could pack to all.	Total
c. All other property, X real and X personal (estimate fair market value m	ninus the debts you awal \$ Nas-ti
* Check the box if the spousal support order or judgment was executed by the parties and the court before maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor	
support payments as taxable income to the recipient and tax deductible to the payor	r,

RESPONDEN	R:		CASE	NUMBER:		FL-15
OTHER PARTY/PARENT/CLÁIMAN	T: JOHN M. PIERCE			BI	639740	
. The following people live with	me:					
Name	Age How the person is related to me (ex: s		person's hly incom		Pays some on	
a. b. c. d. e.					Yes Yes Yes Yes Yes Yes	No No No No No No
a. Home: (1) Rent or X If mortgage: (a) average principal: (b) average interest: (2) Real property taxes (3) Homeowner's or renter's (if not included above) (4) Maintenance and repair b. Health-care costs not paid by c. Child care d. Groceries and household sure e. Eating out	S	Clothes Education Entertainme Auto expeni (insurance, Insurance (I auto, home, Savings and Charitable of Monthly pay (Itemize belot Other (specific amounts))	d cleaning and cleaning and gas, repaire, accided or health dinvestments lissow in 14 comments lissow in 14 cify): Pers	and vacation. ransportation airs, bus, etc.) ent, etc.; do n insurance) ents ted in item 14 and insert tota onal care & 1 (a-q) (do not a) and (b)) s paid by oth	ot include il here) misc. edd in	\$ 1,000 \$ 10,000 \$ 200 \$ 1,500
					•	
Installment payments and debt	ts not listed above	,	unt T	Polones		
Installment payments and debt	ts not listed above	Amou		Balance	Date of las	
Installment payments and debt	for Personal Loan	Amou	3,000	\$ 27,000	9/15	/2019
Installment payments and debt Paid to Etienne Lowen	For Personal Loan Term Loan	Amou \$	3,000 7,000	\$ 27,000 \$ 90,000	9/15 9/03	/2019
Installment payments and debt Paid to Etienne Lowen Citibank	For Personal Loan Term Loan Taxes	Amou \$ \$	3,000 7,000 4,000	\$ 27,000 \$ 90,000 \$ 200,000	9/15 9/03 10/0:	5/2019 5/2019 5/2019
Installment payments and debt Paid to Etienne Lowen Citibank Franchise Tax Board	For Personal Loan Term Loan	Amou \$ \$ \$ \$	3,000 7,000	\$ 27,000 \$ 90,000 \$ 200,000	9/15 9/03 10/0:	/2019
Installment payments and debt Paid to Etienne Lowen Citibank Franchise Tax Board	For Personal Loan Term Loan Taxes	Amou \$ \$	3,000 7,000 4,000	\$ 27,000 \$ 90,000 \$ 200,000	9/15 9/03 10/0:	7/2019 7/2019 5/2019
Installment payments and debt Paid to Etienne Lowen Citibank Franchise Tax Board IRS Attorney fees (This information is a. To date, I have paid my attorney. The source of this money was c. I still owe the following fees and d. My attorney's hourly rate is (s) infirm this fee arrangement.	For Personal Loan Term Loan Taxes Taxes Taxes is required if either party is requesting an ey this amount for fees and costs (specis (specify)): Earnings and costs to my attorney (specify total over	Amou \$ \$ \$ \$ \$ \$ ttorney fees)	3,000 7,000 4,000 5,900	\$ 27,000 \$ 90,000 \$ 200,000 \$ 850,000 \$ \$	9/15 9/03 10/0:	5/2019 5/2019 5/2019
Paid to Etienne Lowen Citibank Franchise Tax Board IRS Attorney fees (This information is a. To date, I have paid my attorne). The source of this money was c. I still owe the following fees and d. My attorney's hourly rate is (s)	For Personal Loan Term Loan Taxes Taxes Taxes is required if either party is requesting energy this amount for fees and costs (specific section): Earnings and costs to my attorney (specify total own pecify): \$575	Amou \$ \$ \$ \$ \$ \$ ttorney fees)	3,000 7,000 4,000 5,900	\$ 27,000 \$ 90,000 \$ 200,000 \$ 850,000 \$ \$	9/15 9/03 10/0:	5/2019 5/2019 5/2019

FL-150 [Rev. January 1, 2019]

	=1		

PETITIONER

RESPONDENT; JOHN M. PIERCE

OTHER PARTYPARENT/CLAMANT:

BD 639740

LeathMexico Sultan ored California Judic les Celines Forms

CASE INUMBER:

CHILD'S UPPORT INFORMATION
(NOTE: Fill out this page only if your case involves child support.)

b. Tihe childr			Chinologic all	der the age	er 18 with the	e other pare	int in this case.		
(Myou're.)	20	perc	envolution.	ume with m	e end ind	percer	t of beintimes.	in the other	rparent.
6. F	not sure about p	ercentage	ong hás no	t been agre	ed on please	describe y	our patentings	hedele her	9.)
	•	31	ą.	B- 147	÷ ;5		~	, e	,
				ė.		ev.			
		-50	2 6		1 4	%: %		9	
Mariana da ka	alth-case exper		·c*	. 14 "		J	,	•	
a. DXI Ido	71 17 17	4	a 3000 h		46 VE 3	B w	9 6		_
	rsurance compa		ve health in:	surance ava	me aldelie	ien the child	remthrough my	lob.	€
er garineraki	hinsurance compa	inys Unite 6em)	a meanne	ne Oxiore	6		.9	*	
P.O. Box		ត្រខាលវិះ៖	. 9		6 .0 8	0	*	.4.	
	City, Utah &				49	di.	Æ.		
		-31		4-	ν.				4
d The mont	nly cost for the c	hildren's	healthinsur	ance is or v	ould be (spe	ewys o		j *	
ING NOT K	clude the amoun	u your em	ologor pays.	2		,	fe.		
**					н -	· · · · · · · · · · · · · · · · · · ·			
Additional	pense for the	inilaren li	ithis case.		67	4	Amount per	າກາວເຄີນ້ຳ.	TP.
a. Childcare	sol canwork or	getjeb in	ining	13mm###99966 99954 93	técespine.handi-sussé		. \$	0	•
b. Childrens	Nealth care not	covered b	y insurance.	anesar i didoloka Pilida da	nementing profession of the second	Africa Server Perett fri		2,890	,
c. Travel exp d. Children's	ienses for visitat	Officense is a	Provider dilan massa Navi sa sa sa sa sa sa sa sa	and desire and outside party	जन्मकार दावाता भावता । 	neme and ment the	* \$	0	
unicidens unicidens	éducational ord for private se	oiner spec kasi aas	naimeeds gs	pecify:109101	Michigan recurrency of the second	represent a serie des	m \$	10,000	
TATERDAM	TOIL BITHAGE SE	HODIALI	LEGISTECT	plated ext	enses, incl	աստը բա	mane in resinantia	-	
	mildens Book in the to	Secretaring States in	and affect on a fulfiller of the	authorized in Print, and the areas	= 10 (B of) = 6 (B	200	manda osma po-	Lie.	
Special hard fattach docum	ships, i ask he iestetonofens	count to co	insider the f	allowing sp	ecial financia	lidrovinstat	ces	P	
(ettech decum	entellon of any	tem listed	here molec	ting count o	ecal financia dens):	liercumstar A	nces Mountpermon	h faile	many mon
(attach decum a. Extraordin b. Majorioss	i <i>entation of any.</i> Iday health exper es not covered t	ilom listed Ises not in Sv insuran	here, lockic isluded in 10 se loxamala	ling count of Sharman Sharman	scal financia dans): Lothor	heircumster A	ces	h Forho	r many mon
(attach docum a. Extraordin b. Majoriloss insured lo	i <i>entation of any l</i> lary health exper les not covered t ssi.	ijem lisled nses mot ir sy insulan nomenosoo	here, maluc Isluded in 14 88 (exemple	ling count of Shamman The Mail The Mail	Bolal financia ndara): Kolhar	heiroùnster A S	ces	forke	v many men
(attach decur a. Extraordin b. Mejos loss asured lo c. ill Expe	ionlation of anyl any health exper os nat covered t ssj.	iden isted Tses not ir Dy insulan Dy insulan Tsiritan	i trere i maluc istuded in 14 se dexemple i which are the	ling count of the fire final mothernal	ecal financia nders): Kolher nostinas bina an	harownstar	ces	h Farha	y mary men
(ellach decur a. Extraordin b. Mejorloss asured lo c. (1) Expeli ' arella	ionialion of anyl any health asper as not covered; ssil nses for my min ling with me	ion isled ises not in Ly insulan ir children	inera, inclui isloded in 14 se dexemple ivité are filo	ing count of the lines the lines mothercel	ecal financia nders): Kolher nostinas bina an	harownstar	ces	h farke	e may men
(atlack decur a. Extraordin b. Mejorloss insured to c. (1) Expeli 'arelia	ionlation of anyl any health exper os nat covered t ssj.	ion isled ises not in Ly insulan ir children	inera, inclui isloded in 14 se dexemple ivité are filo	ing count of the lines the lines mothercel	ecal financia nders): Kolher nostinas bina an	harownstar	ces	h forker	w marty (non
(atlack decur a. Extraordin b. Mejorloss insured to c. (1) Expeli 'arelia	ionialion of anyl any health asper as not covered; ssil nses for my min ling with me	ion isled ises not in Ly insulan ir children	inera, inclui isloded in 14 se dexemple ivité are filo	ing count of the lines the lines mothercel	ecal financia nders): Kolher nostinas bina an	harownstar	ces	forho	w mary man
(ellach decur a. Extraordin b. Mejerless insured to c. (1) Expelle ' are like	ionialion of anyl any health asper as not covered; ssil nses for my min ling with me	ion isled ises not in Ly insulan ir children	inera, inclui isloded in 14 se dexemple ivité are filo	ing count of the lines the lines mothercel	ecal financia nders): Kolher nostinas bina an	harownstar	ces	forhor	a many men
an Extraordin by Mejoriloss Assured to c. (1) Expel 3 (1) Ame	ionation of any line, the state experience covered to the state experience of	Hown islad nses not in sy insuban n maganas ir children ir children	inore, included in si se le nample ività gredho en especina	ing count of the line that molerael	orial financia mans): Kolling More Mos an	teireonstat	ces	forher	a many men
a. Extraordin b. Mejorioss Ansured to c. (1) Expel arolli (2) Islame	ionation of any in any health expersor covered to the covered to t	How islad ises not li by insular or shilling is shilling for those	none, solic isladed in 11 se is nample ivito greifio en ispecina	ing count of the line inch mother sel	orial financia idensi: Kolling	toromstat	nount per mon	forher	a mary men
(attach decure a. Extrabrdin b. Mejorioss Assured to c. (1) Experience araille (2) Childrin	ionation of any line, the state experience covered to the state experience of	How islad ises not li by insular or shilling is shilling for those	none, solic isladed in 11 se is nample ivito greifio en ispecina	ing count of the line inch mother sel	orial financia idensi: Kolling	toromstat	nount per mon		
Contract decure a. Extraction Mejoritos Assured to C. (1) Experiment (3) Name (3) Chitais	ionation of any in any health expersor covered to the covered to t	How islad ises not li by insular or shilling is shilling for those	none, solic isladed in 11 se is nample ivito greifio en ispecina	ing count of the line inch mother sel	orial financia idensi: Kolling	toromstat	nount per mon	forher de la company de la com	
Contract decure a. Extraction Mejoritos Assured to C. (1) Experiment (3) Name (3) Chitais	ionation of any in any health expersor covered to the covered to t	How islad ises not li by insular or shilling is shilling for those	none, solic isladed in 11 se is nample ivito greifio en ispecina	ing count of the line inch mother sel	orial financia idensi: Kolling	toromstat	nount per mon		
(attach decur a. Extratrdin b. Mejoriosa insured to c. (1) Expsi (2) Name (3) Childis The expenses	ionation of any line, the article and to a my mind covered to the	How issed nees not in by insuran ir children is children dec create	inore, Spalet is to tended in all is to tended which are the children is an extreme	ing count of	erial financia dans): Mones hips an arcista ip bacca	teirounstat	mount per mon		
(attach decur a. Extratrdin b. Mejoriosa insured to c. (1) Expsi (2) Name (3) Childis The expenses	ionation of any in any health expersor covered to the covered to t	How issed nees not in by insuran ir children is children dec create	inore, Spalet is to tended in all is to tended which are the children is an extreme	ing count of	erial financia dans): Mones hips an arcista ip bacca	teirounstat	mount per mon		
(a) Chitals	ionation of any line, the article and to a my mind covered to the	How issed nees not in by insuran ir children is children dec create	inore, Spalet is to tended in all is to tended which are the children is an extreme	ing count of	erial financia dans): Mones hips an arcista ip bacca	teirounstat	mount per mon		