

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Charles Halsey
 ADDRESS *(Business Address Acceptable)*
99 Park Avenue, NY, NY 10016
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Financial Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 05 / 13</u>	\$ <u>1400</u>	<u>Basketball Tickets</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

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<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
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<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Filer's Verification

Print Name Vikas Garg

Office, Agency or Court Absolute Return Strategies (ARS)

Statement Type 2012/2013 Annual Assuming Leaving
 Annual Candidate
(yr)

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.

Comments: _____