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8 UNITED STATES DISTRICT COURT
9 CENTRAL DISTRICT OF CALIFORNIA

10 KENNETH EADE,
11
12 Plaintiff,

13 v.

14 INVESTORSHUB.COM, INC., a Florida
corp., DOE 1, aka NO DUMMY, DOE 2,
15 aka JANICE SHELL, DOE 3, aka
16 FASTER183, DOE 4, aka STOCK
MAVIN, DOE 5, aka RENEE, DOE 6,
17 aka VIRTUAL DREW, DOE 7, aka
18 BOB 41, DOE 8 aka OVERACHIEVER,
DOE 9, aka DOBERMAN, and DOES 10
19 through 100,

20 Defendants.
21
22

Case No. CV11-01315 JAK (CWx)

**PLAINTIFF KENNETH EADE'S
INCOME AND EXPENSE
DECLARATION**

Date: July 30, 2013
Time: None
Courtroom: None
Judge: Hon. John A. Kronstadt

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): KENNETH EADE SBN 93774 6399 Wilshire Blvd. suite 507 Los Angeles, CA 90048 TELEPHONE NO.: 3237828802 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: KENNETH EADE RESPONDENT/DEFENDANT: INVESTORSHUB, INC. OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER: LACV11-01315 JAK (CWx)

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out social security numbers).

- a. Employer: self
- b. Employer's address: 6399 Wilshire Blvd. suite 507, Los Angeles, CA 90048
- c. Employer's phone number: 3237828802
- d. Occupation: lawyer
- e. Date job started: 12/80
- f. If unemployed, date job ended:
- g. I work about 40 hours per week.
- h. I get paid \$ _____ gross (before taxes) per month per week per hour.

(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. Age and education

- a. My age is (specify): 55
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): 19 Degree(s) obtained (specify): BA, JD
- d. Number of years of graduate school completed (specify): Degree(s) obtained (specify):
- e. I have: professional/occupational license(s) (specify): Law Practice
 vocational training (specify):

3. Tax information

- a. I last filed taxes for tax year (specify year): 2012
- b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name): Valentina Eade
- c. I file state tax returns in California other (specify state):
- d. I claim the following number of exemptions (including myself) on my taxes (specify): 2

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
 This estimate is based on (explain):

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the 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 contained on all pages of this form and any attachments is true and correct.

Date: 7/30/13
KENNETH EADEp

 (TYPE OR PRINT NAME)



 (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: KENNETH EADE RESPONDENT/DEFENDANT: INVESTORSHUB, INC. OTHER PARENT/CLAIMANT:	CASE NUMBER: <p style="text-align: center; font-size: 1.2em;">LACV11-01315 JAK (CWx)</p>
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ 0	0
b. Overtime (gross, before taxes)	\$ 0	0
c. Commissions or bonuses	\$ 0	0
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$ 0	0
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	\$ 0	0
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$ 0	0
g. Pension/retirement fund payments	\$ 0	0
h. Social security retirement (not SSI)	\$ 0	0
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$ 0	0
j. Unemployment compensation	\$ 0	0
k. Workers' compensation	\$ 0	0
l. Other (military BAQ, royalty payments, etc.) (specify):	\$ 0	0

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$ 0	0
b. Rental property income	\$ 0	0
c. Trust income	\$ 0	0
d. Other (specify):	\$ 0	0

7. **Income from self-employment, after business expenses for all businesses** \$ 9071 10000

I am the owner/sole proprietor business partner other (specify):
 Number of years in this business (specify): 32
 Name of business (specify): Kenneth Eade Attorney at Law
 Type of business (specify): law practice

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):

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	\$ 0
b. Required retirement payments (not social security, FICA, 401(k), or IRA)	\$ 500
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$ 600
d. Child support that I pay for children from other relationships	\$ 0
e. Spousal support that I pay by court order from a different marriage	\$ 0
f. Partner support that I pay by court order from a different domestic partnership	\$ 0
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$ 0

11. **Assets**

a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$ 2500	Total
b. Stocks, bonds, and other assets I could easily sell	\$ 0	
c. All other property, <input checked="" type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$ 525000	

PETITIONER/PLAINTIFF: KENNETH EADE RESPONDENT/DEFENDANT: INVESTORSHUB, INC. OTHER PARENT/CLAIMANT:	CASE NUMBER: LACV11-01315 JAK (CWx)
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12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a. Valentina Eade	25	spouse	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

- | | |
|---|--|
| <p>a. Home:</p> <p>(1) <input checked="" type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ <u>5000</u></p> <p style="margin-left: 20px;">If mortgage:</p> <p style="margin-left: 40px;">(a) average principal: \$ _____</p> <p style="margin-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) \$ _____</p> <p>(4) Maintenance and repair \$ <u>500</u></p> <p>b. Health-care costs not paid by insurance... \$ <u>150</u></p> <p>c. Child care \$ _____</p> <p>d. Groceries and household supplies..... \$ <u>800</u></p> <p>e. Eating out..... \$ <u>200</u></p> <p>f. Utilities (gas, electric, water, trash) \$ <u>400</u></p> <p>g. Telephone, cell phone, and e-mail \$ <u>300</u></p> | <p>h. Laundry and cleaning \$ <u>100</u></p> <p>i. Clothes \$ <u>250</u></p> <p>j. Education \$ _____</p> <p>k. Entertainment, gifts, and vacation..... \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ <u>500</u></p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)... \$ _____</p> <p>n. Savings and investments..... \$ _____</p> <p>o. Charitable contributions..... \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) . . \$ _____</p> <p>q. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ <u>8200</u></p> </div> <p>s. Amount of expenses paid by others \$ _____</p> |
|---|--|

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$
- b. The source of this money was (specify):
- c. I still owe the following fees and costs to my attorney (specify total owed): \$
- d. My attorney's hourly rate is (specify): \$

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)



(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: KENNETH EADE RESPONDENT/DEFENDANT: INVESTORSHUB, INC. OTHER PARENT/CLAIMANT:	CASE NUMBER: LACV11-01315 JAK (CWx)
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CHILD SUPPORT INFORMATION
(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

- a. I have *(specify number)*: _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. I do I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:

- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ _____
(Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training. \$ _____
- b. Children's health care not covered by insurance \$ _____
- c. Travel expenses for visitation \$ _____
- d. Children's educational or other special needs *(specify below)*: \$ _____

19. Special hardships. I ask the court to consider the following special financial circumstances

- (attach documentation of any item listed here, including court orders):*
- | | Amount per month | For how many months? |
|---|------------------|----------------------|
| a. Extraordinary health expenses not included in 18b. | \$ _____ | _____ |
| b. Major losses not covered by insurance (examples: fire, theft, other insured loss) | \$ _____ | _____ |
| c. (1) Expenses for my minor children who are from other relationships and are living with me | \$ _____ | _____ |
| (2) Names and ages of those children <i>(specify)</i> : | | |

(3) Child support I receive for those children. \$ _____

The expenses listed in a, b, and c create an extreme financial hardship because *(explain)*:

20. Other information I want the court to know concerning support in my case *(specify)*:

PROOF OF SERVICE

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am employed in the County of Los Angeles, State of California. I am over the age of 18 and not a party to the within action, my business address is 6399 Wilshire Blvd., Suite 507, Los Angeles, California 90048.

On July 30, 2013, I served the foregoing documents described as:

**PLAINTIFF KENNETH EADE’S INCOME AND EXPENSE
DECLARATION**

on the parties in this action by placing a true copy thereof enclosed in a sealed envelope addressed as follows:

BY U.S. MAIL: I enclosed the documents in a sealed envelope or package address to the above-named persons at the addresses exhibited therein and (specify one):

I placed the envelope for collection and mailing, following our ordinary business practices. I am readily familiar with this firms practice for collecting and processing correspondence for mailing. On the same day that correspondence or other service document is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service, in a sealed envelope with postage thereon fully prepaid.

I am employed in the county where the mailing occurred. The envelope or package was placed in the mail at Los Angeles, California.

BY CM/ECF: The document was electronically served on the parties to this action via the mandatory United States District Court of California CM/ECF system upon electronic filing of the above-described document.

Executed this 30th day of July, 2013, at Los Angeles 90048.

I declare that I am employed in the office of a member of the bar of this Court at whose direction the service was made.

/s/ Nichelle Guzmán
NICHELLE GUZMAN