Form 700 Filers
Statement of Economic Interests
Cover Page

PRESENTED BY

EXTERNAL AFFAIRS AND EDUCATION DIVISION

FAIR POLITICAL PRACTICES COMMISSION

Finding the Form 700

Go to…

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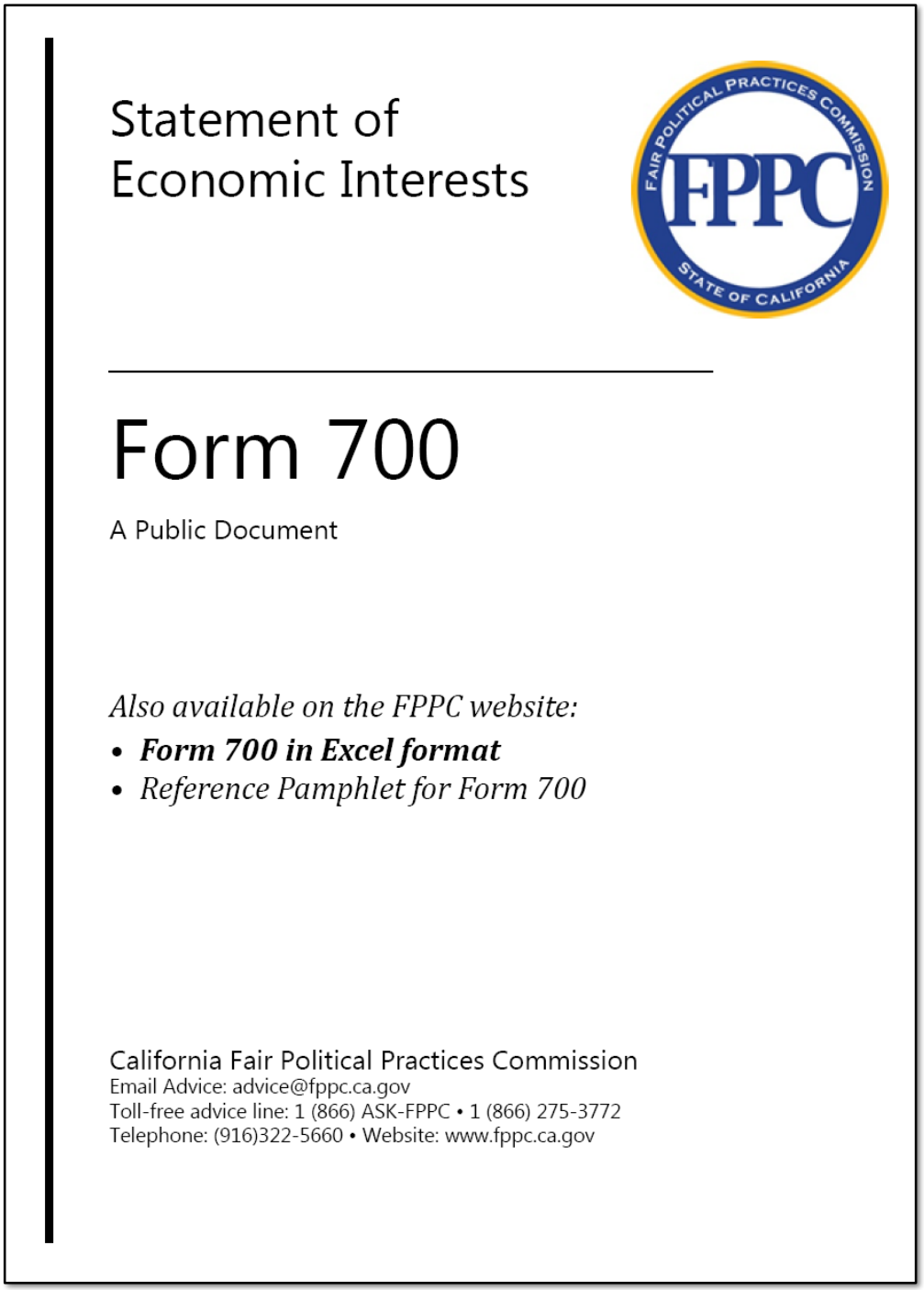
File a Form 700



Cover Page Overview

- Complete the Cover Page last because you must indicate how many total pages your statement will be.
- Remember to sign the statement.
- If you are submitting an expanded statement, each must have an original signature.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST): CLARK | (FIRST): PAT | (MIDDLE): W

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*: CITY OF SACRAMENTO

Division, Board, Department, District, if applicable: SACRAMENTO PLANNING COMMISSION

Your Position: COMMISSIONER

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: SACRAMENTO COUNTY HEALTH BOARD Position: BOARD MEMBER

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

- ☐ State
- ☐ Multi-County
- ☒ City of SACRAMENTO
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☒ County of SACRAMENTO
- ☐ Other

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

- ☒ **Annual:** The period covered is January 1, 20XX, through December 31, 20XX.
  -or-
  The period covered is ____/____/____, through December 31, 20XX.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one)*
  - ○ The period covered is January 1, 20XX, through the date of leaving office.
  - -or-
  - ○ The period covered is ____/____/____, through the date of leaving office.
- ☐ **Candidate:** Election year ____ and office sought, if different than Part 1: ____

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 7

Schedules attached

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

-or-

- ☐ ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET *(Business or Agency Address Recommended - Public Document)*: 521 I STREET | CITY: SACRAMENTO | STATE: CA | ZIP CODE: 95601

DAYTIME TELEPHONE NUMBER: (916) 555-5211 | E-MAIL ADDRESS: CONTACT@CITYOFSACRAMENTO.CA.GOV

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.

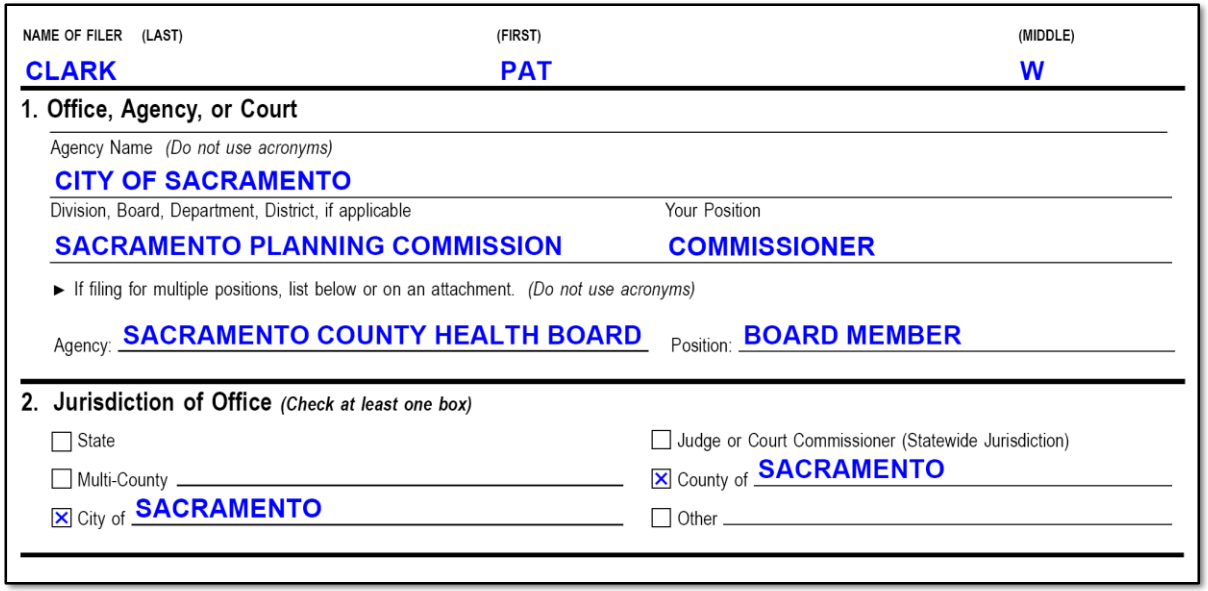
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/15/XX *(month, day, year)*

Signature Pat Clark *(File the originally signed statement with your filing official.)*

Completing the Cover Page

- Enter your last name, first name, and middle initial.
- Provide the full name of your agency.
- Provide the name of your division, department, or board, and indicate your position at your agency.
- Provide the name of other agencies for which you are filing, and your position there, if applicable.
- Check the box to indicate the jurisdiction of your agency, and write the name of the jurisdiction.



NAME OF FILER (LAST): CLARK | (FIRST): PAT | (MIDDLE): W

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*: CITY OF SACRAMENTO

Division, Board, Department, District, if applicable: SACRAMENTO PLANNING COMMISSION

Your Position: COMMISSIONER

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

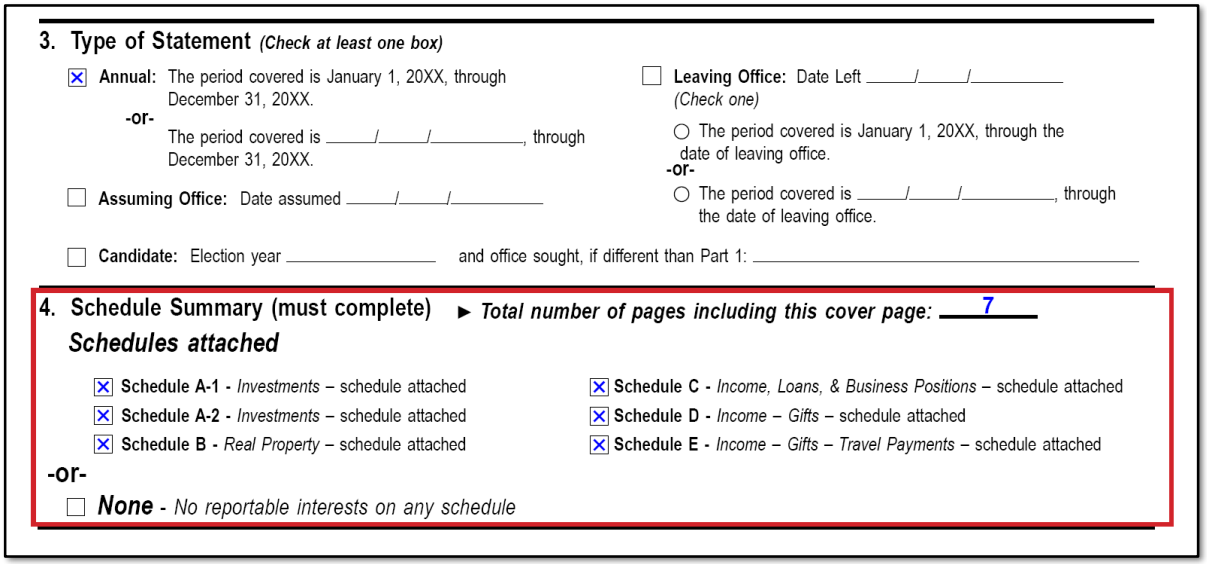
Agency: SACRAMENTO COUNTY HEALTH BOARD Position: BOARD MEMBER

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

- ☐ State
- ☐ Multi-County
- ☒ City of SACRAMENTO
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☒ County of SACRAMENTO
- ☐ Other

Completing the Cover Page

- Check the box to indicate the type of statement you are filing.
- Provide the dates that the statement covers.
- Check the box/es to indicate which schedules you are completing.
- If you are not completing any schedules, check the “None” box.
- Enter the total number of pages of your entire statement.



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-or-

The period covered is _____/_____/_____, through December 31, 20XX.

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-or-

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4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 7

Schedules attached

☒ **Schedule A-1** - *Investments* – schedule attached

☒ **Schedule A-2** - *Investments* – schedule attached

☒ **Schedule B** - *Real Property* – schedule attached

☒ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached

☒ **Schedule D** - *Income – Gifts* – schedule attached

☒ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ ***None*** - *No reportable interests on any schedule*

Completing the Cover Page

- Provide the mailing address for your agency, including city and state.
- Provide the phone number for general information at your agency.
- Provide your e-mail address or a general e-mail address for your agency.
- Indicate the date you are signing the form.
- Sign the form.

5. Verification

MAILING ADDRESS STREET *(Business or Agency Address Recommended - Public Document)*	CITY	STATE	ZIP CODE
521 I STREET	SACRAMENTO	CA	95601

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(916) 555-5211	CONTACT@CITYOFSACRAMENTO.CA.GOV

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.

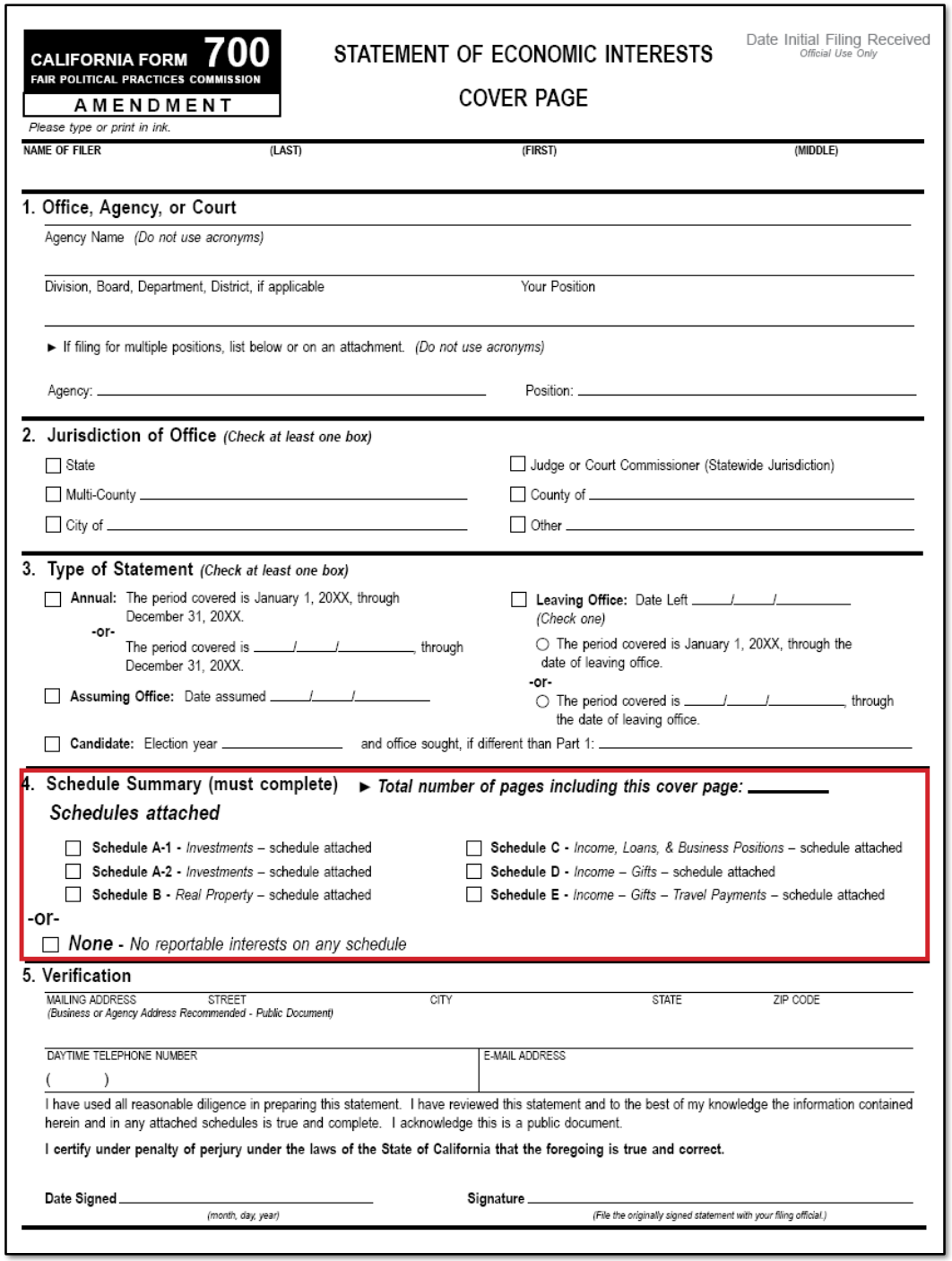
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/15/XX *(month, day, year)*

Signature Pat Clark *(File the originally signed statement with your filing official.)*

Amending the Cover Page

- File amendments as soon as error or omission is discovered.
- Complete only the schedule with error(s).
- Amended schedule is retained with entire, original statement.



CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

Division, Board, Department, District, if applicable — Your Position

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: _____ Position: _____

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☐ Multi-County _____
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☐ Other _____

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The period covered is ____/____/____, through December 31, 20XX.

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☐ **Schedule A-2** - *Investments* – schedule attached
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-or-

☐ ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER ( ) — E-MAIL ADDRESS

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

Date Signed _____ *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*

Questions

- Call 916-322-5660 or 866-275-3772 (866-ASK-FPPC)
  - Monday - Thursday, 9–11:30 a.m.
- E-mail advice@fppc.ca.gov

E-Filing Problems

- Your agency's system: Contact your filing officer
- FPPC's system: E-mail form700@fppc.ca.gov

Other Form 700 Filer Videos

Completing Form 700: Need to Know

Schedule A-1:	Investments (Less than 10% Ownership Interest)
Schedule A-2:	Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)
Schedule B:	Interests in Real Property
Schedule C:	Income, Loans & Business Positions
Schedule D:	Income – Gifts
Schedule E:	Income – Gifts, Travel Payments, Advances & Reimbursement