

Form 700 Filers Statement of Economic Interests **Cover Page**



PRESENTED BY
EXTERNAL AFFAIRS AND EDUCATION DIVISION
FAIR POLITICAL PRACTICES COMMISSION

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Statement of Economic Interests



Form 700

A Public Document

Also available on the FPPC website:

- ***Form 700 in Excel format***
- *Reference Pamphlet for Form 700*

California Fair Political Practices Commission

Email Advice: advice@fppc.ca.gov

Toll-free advice line: 1 (866) ASK-FPPC • 1 (866) 275-3772

Telephone: (916)322-5660 • Website: www.fppc.ca.gov

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 <i>Official Use Only</i>
Please type or print in ink.				
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)		
CLARK	PAT	W		
1. Office, Agency, or Court				
Agency Name <i>(Do not use acronyms)</i> 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. <i>(Do not use acronyms)</i>				
Agency: SACRAMENTO COUNTY HEALTH BOARD		Position: BOARD MEMBER		
2. Jurisdiction of Office <i>(Check at least one box)</i>				
<input type="checkbox"/> State		<input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction)		
<input type="checkbox"/> Multi-County _____		<input checked="" type="checkbox"/> County of SACRAMENTO		
<input checked="" type="checkbox"/> City of SACRAMENTO		<input type="checkbox"/> Other _____		
3. Type of Statement <i>(Check at least one box)</i>				
<input checked="" type="checkbox"/> Annual: The period covered is January 1, 20XX, through December 31, 20XX.		<input type="checkbox"/> Leaving Office: Date Left ____/____/_____ <i>(Check one)</i>		
-or- The period covered is ____/____/_____, through December 31, 20XX.		<input type="checkbox"/> The period covered is January 1, 20XX, through the date of leaving office.		
<input type="checkbox"/> Assuming Office: Date assumed ____/____/_____ -or- <input type="checkbox"/> Candidate: Election year _____ and office sought, if different than Part 1: _____		<input type="checkbox"/> The period covered is ____/____/_____, through the date of leaving office.		
4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: <u>7</u>				
Schedules attached				
<input checked="" type="checkbox"/> Schedule A-1 - Investments – schedule attached		<input checked="" type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached		
<input checked="" type="checkbox"/> Schedule A-2 - Investments – schedule attached		<input checked="" type="checkbox"/> Schedule D - Income – Gifts – schedule attached		
<input checked="" type="checkbox"/> Schedule B - Real Property – schedule attached		<input checked="" type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached		
-or- <input type="checkbox"/> None - No reportable interests on any schedule				
5. Verification				
MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
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		Signature <i>Pat Clark</i>	
	<i>(month, day, year)</i>		<i>(File the originally signed statement with your filing official.)</i>	

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)	(FIRST)	(MIDDLE)
CLARK	PAT	W
1. Office, Agency, or Court		
Agency Name <i>(Do not use acronyms)</i>		
CITY OF SACRAMENTO		
Division, Board, Department, District, if applicable		Your Position
SACRAMENTO PLANNING COMMISSION		COMMISSIONER
▶ If filing for multiple positions, list below or on an attachment. <i>(Do not use acronyms)</i>		
Agency: SACRAMENTO COUNTY HEALTH BOARD		Position: BOARD MEMBER
2. Jurisdiction of Office <i>(Check at least one box)</i>		
<input type="checkbox"/> State	<input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction)	
<input type="checkbox"/> Multi-County _____	<input checked="" type="checkbox"/> County of SACRAMENTO	
<input checked="" type="checkbox"/> City of SACRAMENTO	<input type="checkbox"/> 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.

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.

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.

Assuming Office: Date assumed ____/____/____

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

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	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
	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	Signature	<i>Pat Clark</i>	
	<small>(month, day, year)</small>		<small>(File the originally signed statement with your filing official.)</small>	

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.

<p>CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION</p> <p style="text-align: center;">AMENDMENT</p> <p><small>Please type or print in ink.</small></p>	<p>STATEMENT OF ECONOMIC INTERESTS</p> <p>COVER PAGE</p>	<p>Date Initial Filing Received _____ <small>Official Use Only</small></p>
<p>NAME OF FILER _____ (LAST) _____ (FIRST) _____ (MIDDLE)</p>		
<p>1. Office, Agency, or Court</p> <p>Agency Name <i>(Do not use acronyms)</i> _____</p> <p>Division, Board, Department, District, if applicable _____ Your Position _____</p> <p>► If filing for multiple positions, list below or on an attachment. <i>(Do not use acronyms)</i></p> <p>Agency: _____ Position: _____</p>		
<p>2. Jurisdiction of Office <i>(Check at least one box)</i></p> <p><input type="checkbox"/> State <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction)</p> <p><input type="checkbox"/> Multi-County _____ <input type="checkbox"/> County of _____</p> <p><input type="checkbox"/> City of _____ <input type="checkbox"/> Other _____</p>		
<p>3. Type of Statement <i>(Check at least one box)</i></p> <p><input type="checkbox"/> Annual: The period covered is January 1, 20XX, through December 31, 20XX.</p> <p style="text-align: center;">-or-</p> <p style="text-align: center;">The period covered is ____/____/____, through December 31, 20XX.</p> <p><input type="checkbox"/> Assuming Office: Date assumed ____/____/____</p> <p><input type="checkbox"/> Candidate: Election year _____ and office sought, if different than Part 1: _____</p> <p><input type="checkbox"/> Leaving Office: Date Left ____/____/____ <i>(Check one)</i></p> <p style="text-align: center;">○ The period covered is January 1, 20XX, through the date of leaving office.</p> <p style="text-align: center;">-or-</p> <p style="text-align: center;">○ The period covered is ____/____/____, through the date of leaving office.</p>		
<p>4. Schedule Summary (must complete) ► <i>Total number of pages including this cover page:</i> _____</p> <p>Schedules attached</p> <p><input type="checkbox"/> Schedule A-1 - Investments – schedule attached <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached</p> <p><input type="checkbox"/> Schedule A-2 - Investments – schedule attached <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached</p> <p><input type="checkbox"/> Schedule B - Real Property – schedule attached <input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached</p> <p style="text-align: center;">-or-</p> <p><input type="checkbox"/> None - No reportable interests on any schedule</p>		
<p>5. Verification</p> <p>MAILING ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____ <small>(Business or Agency Address Recommended - Public Document)</small></p> <p>DAYTIME TELEPHONE NUMBER _____ E-MAIL ADDRESS _____ ()</p> <p>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.</p> <p>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <p>Date Signed _____ Signature _____ <small>(month, day, year) (File the originally signed statement with your filing official.)</small></p>		

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