

11 APR -7 PM 4:03

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
SHELDON EARNEST LEROY

1. Office, Agency, or Court

Agency Name  
CITY COUNCIL COUNCILMAN  
Division, Board, Department, District, if applicable Your Position  
FOLSOM CITY

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

- State  Judge (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of FOLSOM  Other \_\_\_\_\_

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

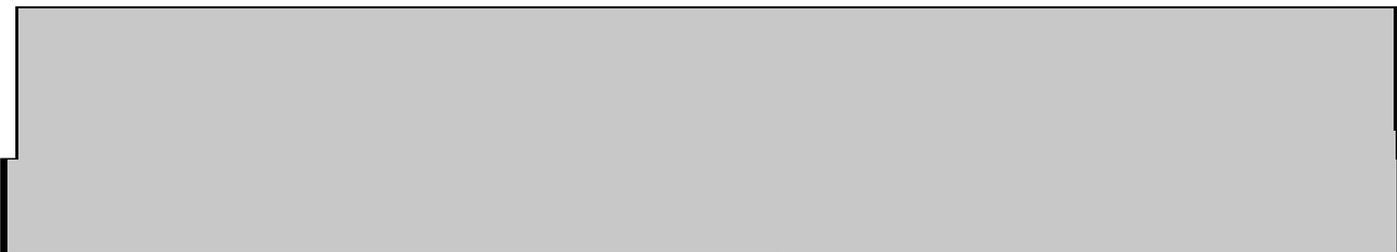
- Annual: The period covered is January 1, 2010, through December 31, 2010. -or-  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.  The period covered is January 1, 2010, through the date of leaving office.
- Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

- Schedule A-1 - Investments - schedule attached  Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached
- Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-  None - No reportable interests on any schedule



I certify under penalty of perjury under the laws of the State of California that

Date Signed Mar 31, 2011  
(month, day, year)

Signature



**SCHEDULE D  
Income – Gifts**

|  |
|--|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION<br>Name<br><b>EARNEST L. SHELDON</b> |
|--|

▶ NAME OF SOURCE  
**Folsom Chamber of Commerce**

ADDRESS (Business Address Acceptable)  
**200 Wool St, Folsom, CA 95630**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE       | DESCRIPTION OF GIFT(S)  |
|-----------------|-------------|-------------------------|
| <b>7/4/10</b>   | <b>\$50</b> | <b>2 RODEO TICKETS.</b> |
|                 | \$          |                         |
|                 | \$          |                         |
|                 | \$          |                         |

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
|                 | \$    |                        |
|                 | \$    |                        |
|                 | \$    |                        |

▶ NAME OF SOURCE  
**Folsom/Cordova Unified School District**

ADDRESS (Business Address Acceptable)

**EDUCATION**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE       | DESCRIPTION OF GIFT(S)                         |
|-----------------|-------------|--|
| <b>12/11/10</b> | <b>\$45</b> | <b>2 Tickets High School Football Playoff.</b> |
|                 | \$          |  |
|                 | \$          |  |
|                 | \$          |  |

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
|                 | \$    |                        |
|                 | \$    |                        |
|                 | \$    |                        |

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
|                 | \$    |                        |
|                 | \$    |                        |
|                 | \$    |                        |

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
|                 | \$    |                        |
|                 | \$    |                        |
|                 | \$    |                        |

Comments: \_\_\_\_\_