

ID - 68851774
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Schenirer, Jay Harry

1. Office, Agency, or Court

Agency Name
CITY OF SACRAMENTO
Division, Board, Department, District, if applicable
Mayor and Council Office
Your Position
City Council
If filing for multiple positions, list below or on an attachment.
Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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

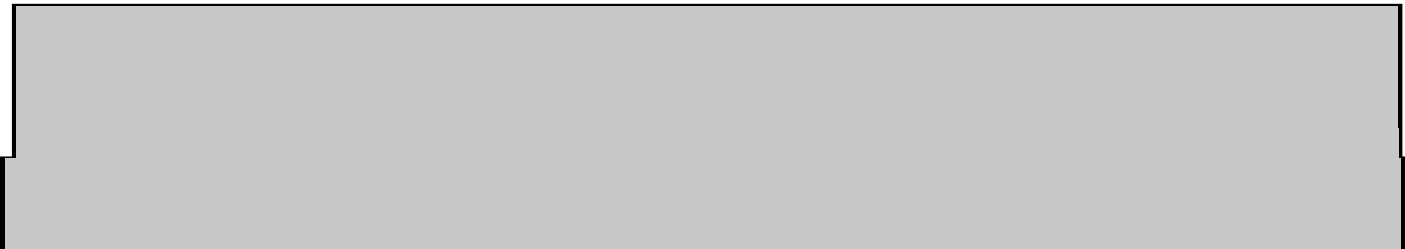
State Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County County of
City of Sacramento Other multi-Jurisdictions

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

Annual: The period covered is January 1, 2011, through December 31, 2011
-or-
The period covered is _____, through December 31, 2011.
Leaving Office: Date Left _____ (Check one)
The period covered is January 1, 2011, through the date of leaving office.
The period covered is _____, through the date of leaving office.
Assuming Office: Date assumed _____
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: 10
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
None - No reportable interests on any schedule



herein and in any attached schedules is true and complete. I acknowledge this is
I certify under penalty of perjury under the laws of the State of California that

Date Signed 03/28/2012
(month, day, year)

Signature

Section 1 Additional Agency(ies)/Position(s) for Schenirer, Jay Harry:

Agency	Division, Board, Department District	Position
Sac. Regional Arts Fac. Fin. Authority		Member
Sacramento Transportation Authority		Member
Sac. Employment & Training Agency		Member
Sac. Area Commerce Trade Organization		Member
Regional Human Rights/Fair Housing		Member
Crocker Art Museum		Member
Downtown/Riverfront Streetcar Policy		Member
Sac. Local Agency Formation Comm.		Member
Sac. Metro. Cable Commission		Member
Sac. Mutual Housing Association		Member
Sac. Public Library Authority		Member
Sac. Regional Transit		Member

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Schenirer, Jay Harry</u>

▶ NAME OF BUSINESS ENTITY
Geron Corporation

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Biotech Company

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Schenirer, Jay Harry

▶ 1. BUSINESS ENTITY OR TRUST
Capitol Impact LLC
Name
1130 K Street
Sacramento Ca 95814
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Educational Consulting

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
ACQUIRED _____ DISPOSED _____

NATURE OF INVESTMENT
 Sole Proprietorship Partnership LLC
Other _____

YOUR BUSINESS POSITION Managing Partner

▶ 1. BUSINESS ENTITY OR TRUST
Name
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
ACQUIRED _____ DISPOSED _____

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other
Other _____

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

West Ed
James Irvine Foundation

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
ACQUIRED _____ DISPOSED _____

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
ACQUIRED _____ DISPOSED _____

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

Additional Single Sources of Income of \$10,000 or more for Capitol Impact LLC

The California Endowment
The California Wellness Foundation
Rockefeller Philanthropic Advisors
The Stuart Foundation
(CAPP) (ARCHES)
California Education Partners
California Forward
ADEPT
California Alliance for the Arts
Policy Impact

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Schenirer, Jay Harry

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Capitol Impact LLC</u>	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) <u>1130 K Street Suite 250, Sacramento CA 95818</u>	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Consulting</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>Managing Partner</u>	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input checked="" type="checkbox"/> Other <u>Partner Distribution</u> <i>(Describe)</i>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <i>(Describe)</i>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____	INTEREST RATE _____ % <input type="checkbox"/> None	TERM (Months/Years) _____
ADDRESS (Business Address Acceptable) _____	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <i>Street address</i> _____ <i>City</i>	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	<input type="checkbox"/> Guarantor _____	
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____ <i>(Describe)</i>	

Comments: _____

SCHEDULE D
Income – Gifts

Name
Schenirer, Jay Harry

▶ NAME OF SOURCE
Downtown Sacramento Partnership
 ADDRESS (Business Address Acceptable)
 980 9th Street, Suite 400
 Sacramento CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Private non-profit bus improvement dist

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 11 / 11</u>	<u>\$ 65.00</u>	<u>Downtown breakfast</u>
<u>11 / 04 / 11</u>	<u>\$ 100.00</u>	<u>10 ice skating tickets</u>
<u>05 / 04 / 11</u>	<u>\$ 75.00</u>	<u>15 drink tickets</u>

▶ NAME OF SOURCE
UC Davis Health System
 ADDRESS (Business Address Acceptable)
 4800 2nd Ave, Suite 2100
 Sacramento Ca 95817
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health System

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 23 / 11</u>	<u>\$ 150.00</u>	<u>Ticket to ALF Dinner</u>
<u>10 / 24 / 11</u>	<u>\$ 121.00</u>	<u>BGI Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Feld Entertainment
 ADDRESS (Business Address Acceptable)
 8607 Westwood Center Drive
 Vienna VA 22182
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Circus

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 15 / 11</u>	<u>\$ 79.50</u>	<u>2 Ringling Brothers Tickets</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Tim Ray (AT&T)
 ADDRESS (Business Address Acceptable)
 1215 K Street, Suite 1110
 Sacramento Ca 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

telecommunications Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 09 / 11</u>	<u>\$ 250.00</u>	<u>2 tickets to CA Hall of Fame Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Cassandra Jennings
 ADDRESS (Business Address Acceptable)
 915 I Street, 5th floor
 Sacramento CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Assistant City Manager

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 31 / 11</u>	<u>\$ 125.00</u>	<u>Salvation Army Luncheon</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Diepenbrock/Gen Corp/Mercy Health
 ADDRESS (Business Address Acceptable)
 highway 50 & Aerojet Road
 Rancho Cordova CA 95670
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Law Firm/Aerospace and Defense/ Health

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 08 / 11</u>	<u>\$ 42.26</u>	<u>Brunch during Cap to Cap Trip</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Schenirer, Jay Harry

▶ NAME OF SOURCE
SureWest/PG&E/Kaiser Permanente
 ADDRESS (Business Address Acceptable)
 8150 Industrial Ave. Building D
 Roseville CA 95678
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Communications/Utilities/Health Insuranc

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 08 / 11</u>	<u>\$ 186.00</u>	<u>Dinner during Cap to Cap trip</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Maurice Chaney
 ADDRESS (Business Address Acceptable)
 915 I Street
 Sacramento Ca 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

City of Sacramento - Media/Communication

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 20 / 11</u>	<u>\$ 90.00</u>	<u>State of the City breakfast</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Sacramento Hispanic Chamber of Commerce
 ADDRESS (Business Address Acceptable)
 1491 River Park, Drive Suite 101
 Sacramento CA 95815
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Chamber of Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 01 / 11</u>	<u>\$ 160.00</u>	<u>2011 Membership</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
California State Fair
 ADDRESS (Business Address Acceptable)
 1600 Exposition Blvd.
 Sacramento CA 95815
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

State Fair

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 12 / 11</u>	<u>\$ 72.00</u>	<u>State Fair Pass</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Keri Thomas
 ADDRESS (Business Address Acceptable)
 2800 L Street Suite 745
 Sacramento CA 95816
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Sutter Health System

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 19 / 11</u>	<u>\$ 75.00</u>	<u>Ticket to Event - Valley Vision Feast</u>
<u>02 / 04 / 11</u>	<u>\$ 195.00</u>	<u>Metro Chamber Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Sacramento Emergency Housing
 ADDRESS (Business Address Acceptable)
 2411 Alhambra Boulevard, Suite 110
 Sacramento Ca 95817
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Shelter

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 16 / 11</u>	<u>\$ 75.00</u>	<u>Ticket to Fundraiser</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
Michelle O'Dell - Kaiser Foundation
 ADDRESS (Business Address Acceptable)
6600 Bruceville Road
Sacramento CA 95823
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health System/Health Insurance Provider

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 03 / 11</u>	<u>\$ 300.00</u>	<u>2 tickets to Crocker Ball</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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>

Comments: _____

Additional Schedule D Gifts from Downtown Sacramento Partnership:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/17/11	\$ 20.00	St. Patricks Ticket