



COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) Ashby, Angelique V. (FIRST) (MIDDLE)

1. Office, Agency, or Court

Agency Name
CITY OF SACRAMENTO
Division, Board, Department, District, if applicable Your Position
Mayor and Council Office 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-Jurisdictional

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

- Annual: The period covered is January 1, 2012, through December 31, 2012
- Leaving Office: Date Left ____/____/____ (Check one)
- Multi-County
- County of
- City of Sacramento
- Other Multi-Jurisdictional
- Assuming Office: Date assumed ____/____/____
- The period covered is January 1, 2012, through the date of leaving office.
- Candidate: Election Year ____ and office sought, if different than Part 1: ____
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

- Check applicable schedules or "None."
- Total number of pages including this cover page: 8
- 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

5. [Redacted]

I have used all reasonable diligence in preparing this statement. I have reviewed the information herein and in any attached schedules is true and complete. I acknowledge the accuracy of the information. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/26/2013 (month, day, year)

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

Agency

Division, Board, Department, District

Position

CITY OF SACRAMENTO

Mayor and Council Office

City Councilmember

Downtown Revitalization Corporation

City of Sacramento

Board President

 Sacramento Area Council of Govts.

Multi-County

Alternate

Capitol Valley Regional SAFE

Multi-County

Alternate

Rgnl Human Rights/Fair Housing Comm

County of Sacramento

Alternate

Sac. Area Flood Control Agency

Multi-County

Board Member

Sacramento Public Library Authority

County of Sacramento

Board Member

Sacramento Transp. Auth (STA/SAVSA)

County of Sacramento

Alternate

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Ashby, Angelique V.

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
4927 Winamac Dr.
CITY
Sacramento CA 95835

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

ACQUIRED _____ DISPOSED _____

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

ACQUIRED _____ DISPOSED _____

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions 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* _____
 ADDRESS (Business Address Acceptable) _____
 BUSINESS ACTIVITY, IF ANY, OF LENDER _____
 INTEREST RATE _____% None TERM (Months/Years) _____
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____
 ADDRESS (Business Address Acceptable) _____
 BUSINESS ACTIVITY, IF ANY, OF LENDER _____
 INTEREST RATE _____% None TERM (Months/Years) _____
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE D
Income – Gifts

Name
Ashby, Angelique V.

▶ NAME OF SOURCE (Not an Acronym)
Kaiser
 ADDRESS (Business Address Acceptable)
1600 Eureka Road
Roseville CA 95661
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Medical

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|---|
| <u>04 / 17 / 12</u> | <u>\$ 33.00</u> | <u>Event Ticket - Kaiser Women's Festival</u> |
| <u> / / </u> | <u>\$ </u> | <u> </u> |
| <u> / / </u> | <u>\$ </u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)
Law Offices of Gregory D. Thatch
 ADDRESS (Business Address Acceptable)
1739 I Street Suite 220
Sacramento CA 95811
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Attorney at Law

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|---|
| <u>04 / 22 / 12</u> | <u>\$ 117.00</u> | <u>Sponsored Dinner at 2012 Cap to Cap Trip</u> |
| <u> / / </u> | <u>\$ </u> | <u> </u> |
| <u> / / </u> | <u>\$ </u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)
Reed Elsevier Inc
 ADDRESS (Business Address Acceptable)
2800 L Street Ste 1200
Sacramento CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Attorney at Law

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|--|
| <u>04 / 09 / 12</u> | <u>\$ 20.47</u> | <u>Open House & Product Expo for State Net</u> |
| <u> / / </u> | <u>\$ </u> | <u> </u> |
| <u> / / </u> | <u>\$ </u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)
Sutter Health
 ADDRESS (Business Address Acceptable)
2800 L Street Suite 745
Sacramento CA 95816
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health Care

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|---|
| <u>04 / 23 / 12</u> | <u>\$ 112.00</u> | <u>Sponsored Dinner at 2012 Cap to Cap Trip</u> |
| <u> / / </u> | <u>\$ </u> | <u> </u> |
| <u> / / </u> | <u>\$ </u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)
Teichert
 ADDRESS (Business Address Acceptable)
3600 American River Drive Ste 160
Sacramento CA 95864
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Construction & Development

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|---|
| <u>04 / 23 / 12</u> | <u>\$ 112.00</u> | <u>Sponsored Dinner at 2012 Cap to Cap Trip</u> |
| <u> / / </u> | <u>\$ </u> | <u> </u> |
| <u> / / </u> | <u>\$ </u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)
Downtown Sacramento Partnership
 ADDRESS (Business Address Acceptable)
980 9th Street #400
Sacramento CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non Profit; PBID

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|--------------------------------|
| <u>11 / 01 / 12</u> | <u>\$ 80.00</u> | <u>(10) Passes to Ice Rink</u> |
| <u> / / </u> | <u>\$ </u> | <u> </u> |
| <u> / / </u> | <u>\$ </u> | <u> </u> |

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Ashby, Angelique V.

▶ NAME OF SOURCE (Not an Acronym)
Envision RX Options
 ADDRESS (Business Address Acceptable)
1100 Investment Blvd.
El Dorado Hills CA 95762
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health Care

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|------------------------|
| <u>02 / 28 / 12</u> | <u>\$ 150.00</u> | <u>Kings Tickets</u> |
| <u> / / </u> | <u>\$</u> | <u></u> |
| <u> / / </u> | <u>\$</u> | <u></u> |

▶ NAME OF SOURCE (Not an Acronym)
Dr. Pan for Senate 2014
 ADDRESS (Business Address Acceptable)
915 L Street C415
Sacramento CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Political Campaign

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|--|
| <u>12 / 13 / 12</u> | <u>\$ 67.00</u> | <u>(2) Polar Express Holiday Train RideTix</u> |
| <u> / / </u> | <u>\$</u> | <u></u> |
| <u> / / </u> | <u>\$</u> | <u></u> |

▶ NAME OF SOURCE (Not an Acronym)
 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> |

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 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 (Not an Acronym)
 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 (Not an Acronym)
 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: _____