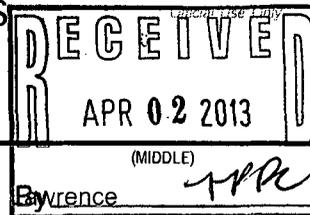




Date Received

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Cabaldon	Christopher	Lawrence

1. Office, Agency, or Court

Agency Name
City of West Sacramento

Division, Board, Department, District, if applicable
City Council

Your Position
Mayor

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

Agency: See attached Position: See attached

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

<input checked="" type="checkbox"/> State	<input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction)
<input checked="" type="checkbox"/> Multi-County _____	<input type="checkbox"/> County of _____
<input checked="" type="checkbox"/> City of _____	<input type="checkbox"/> Other _____

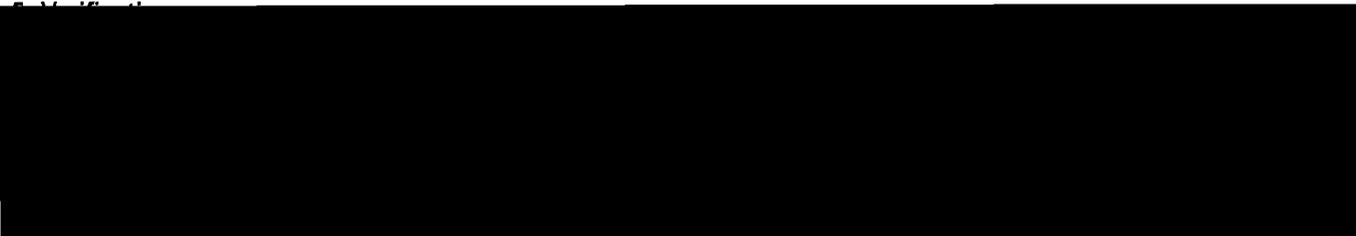
3. Type of Statement (Check at least one box)

<input checked="" type="checkbox"/> Annual: The period covered is January 1, 2012, through December 31, 2012.	<input type="checkbox"/> Leaving Office: Date Left ____/____/____ (Check one)
-or- The period covered is ____/____/____, through December 31, 2012.	<input type="checkbox"/> The period covered is January 1, 2012, through the date of leaving office.
<input type="checkbox"/> Assuming Office: Date assumed ____/____/____	<input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office.
<input type="checkbox"/> Candidate: Election year _____ and office sought, if different than Part 1: _____	

4. Schedule Summary

Check applicable schedules or "None." ▶ Total number of pages including this cover page: 4

<input 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 type="checkbox"/> Schedule D - Income - Gifts - schedule attached
<input type="checkbox"/> Schedule B - Real Property - schedule attached	<input type="checkbox"/> Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-	
<input type="checkbox"/> None - No reportable interests on any schedule	



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

Date Signed 3-28-13
(month, day, year)

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 _____

▶ 1. BUSINESS ENTITY OR TRUST

Capitol Impact LLC
Name
1130 K Street, Suite 250, 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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999			
<input type="checkbox"/> \$2,000 - \$10,000		____/____/12	____/____/12
<input type="checkbox"/> \$10,001 - \$100,000		ACQUIRED	DISPOSED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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)

None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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:

<input type="checkbox"/> \$2,000 - \$10,000			
<input type="checkbox"/> \$10,001 - \$100,000		____/____/12	____/____/12
<input type="checkbox"/> \$100,001 - \$1,000,000		ACQUIRED	DISPOSED
<input type="checkbox"/> Over \$1,000,000			

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

▶ 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:

<input type="checkbox"/> \$0 - \$1,999			
<input type="checkbox"/> \$2,000 - \$10,000		____/____/12	____/____/12
<input type="checkbox"/> \$10,001 - \$100,000		ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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)

None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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:

<input type="checkbox"/> \$2,000 - \$10,000			
<input type="checkbox"/> \$10,001 - \$100,000		____/____/12	____/____/12
<input type="checkbox"/> \$100,001 - \$1,000,000		ACQUIRED	DISPOSED
<input type="checkbox"/> Over \$1,000,000			

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: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Capitol Impact LLC

ADDRESS (Business Address Acceptable)
 1130 K Street, Suite 250, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 State Policy Consulting/Program Management

YOUR BUSINESS POSITION
 Partner

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership

Sale of _____
 (Real property, car, boat, etc.)

Commission or Rental Income, list each source of \$10,000 or more

 Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership

Sale of _____
 (Real property, car, boat, etc.)

Commission or Rental Income, list each source of \$10,000 or more

 Other _____
 (Describe)

▶ 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* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____

Cabaldon, Christopher
Expanded Agency List
2012

Capital Valley SAFE
Delta Protection Commission
River City Regional Stadium Finance Authority
Sacramento Area Council of Governments
Sacramento-Yolo Port Commission

Reportable Single Sources of Income to Capitol Impact LLC

The James Irvine Foundation

Rockefeller Philanthropy Advisors

The California Endowment

New America Foundation

California Forward

Bill & Melinda Gates Foundation

Advanced Drivers Education Products and Training, Inc. (ADEPT)

California State University

Policy Impact

WestEd

Alliance of Regional Collaboratives to Heighten Educational Success

California Education Partners