



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Ledesma, Christopher

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of West Sacramento Division, Board, Department, District, if applicable City Council Your Position Councilmember Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 2014 APR - 3 PM 1:34

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

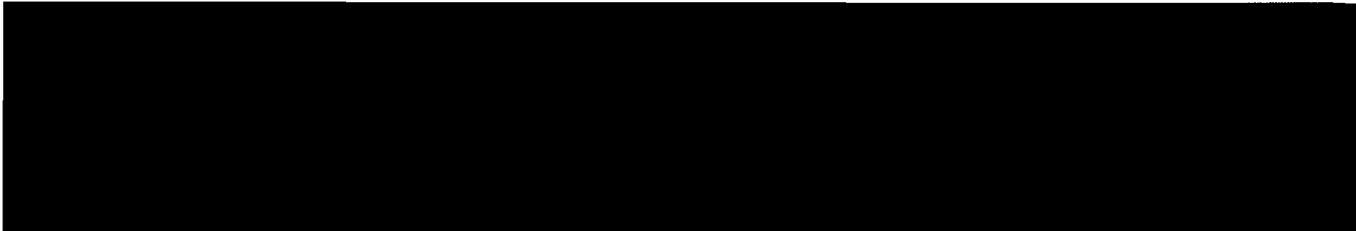
State Multi-County Sacramento, Yolo, Solano City of West Sacramento Judge or Court Commissioner (Statewide Jurisdiction) County of Other

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

Annual: The period covered is January 1, 2013, through December 31, 2013 Leaving Office: Date Left (Check one) The period covered is January 1, 2013, through the date of leaving office. Assuming Office: Date assumed 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 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 and certify under penalty of perjury under the laws of the State of California that the information provided on this statement is true and complete.

Date Signed 03/31/2014 (month, day, year)

011400057-NFH-0057

Section 1 Additional Agency(ies)/Position(s) for Ledesma, Christopher:

Agency	Division, Board, Department, District	Position
City of West Sacramento	Successor Agency Oversight Board	Member
Delta Protection Commission	Commission	Commissioner-Alternate
Regional Water Authority	Board	Boardmember-Alternate
Sacramento Area Council of Governments	Board	Boardmember-Alternate
Water Resources Association	Board	Boardmember
West Sacramento Area Flood Control Agency	Board	Boardmember-Alternate
Yolo Country Transportation District	Board	Boardmember-Alternate
Yolo Solano Air Quality Management District	Board	Boardmember-Alternate
Port Commission	Commission	Commissioner
Yolo Natural Heritage Program	Board	Boardmember
Capital Valley S.A.F.E. Board		BoardMember

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Ledesma, Christopher

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Wells Fargo Bank, N.A.
 ADDRESS (Business Address Acceptable)
400 Capitol Mall Suite 2150
Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Small Business Lending
 YOUR BUSINESS POSITION
Strategy Manager

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
Sutter Health Sacramento Sierra Region
 ADDRESS (Business Address Acceptable)
2700 Gateway Oaks Dr Suite 1300
Sacramento, CA 95833
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Human Resources
 YOUR BUSINESS POSITION
Director EHS, Workers' Comp Mgmt

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: _____

**SCHEDULE D
 Income - Gifts**

Name
Ledesma, Christopher

▶ NAME OF SOURCE (Not an Acronym)
Jeff Dorso
 ADDRESS (Business Address Acceptable)
431 I Street Ste. 201
Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 13 / 13</u>	<u>\$ 120.00</u>	<u>Sacramento Kings Ticket</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Kaiser Foundation Health Plan, Inc
 ADDRESS (Business Address Acceptable)
1600 Eureka Rd.
Roseville, CA 95661
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 14 / 13</u>	<u>\$ 131.00</u>	<u>Dinner at Cap-to Cap</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Teichert Materials
 ADDRESS (Business Address Acceptable)
3500 American River Dr
Sacramento, CA 95864
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 15 / 13</u>	<u>\$ 147.00</u>	<u>Dinner at Cap to Cap</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)
2700 Gateway Oaks Dr Ste 2200
Sacramento, CA 95833
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 15 / 13</u>	<u>\$ 147.00</u>	<u>Cap-to-Cap Dinner</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: _____