

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



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Date Received
MAR 27 2014
BY: *Mindy Appy*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
McGarvey Robert Joseph

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Rancho Cordova
Division, Board, Department, District, if applicable
City Council
Your Position
Vice Mayor

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: See Attached Position: _____

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FAIR POLITICAL
PRACTICES COMMISSION
2014 APR -3 PM 2:22

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Rancho Cordova Other _____

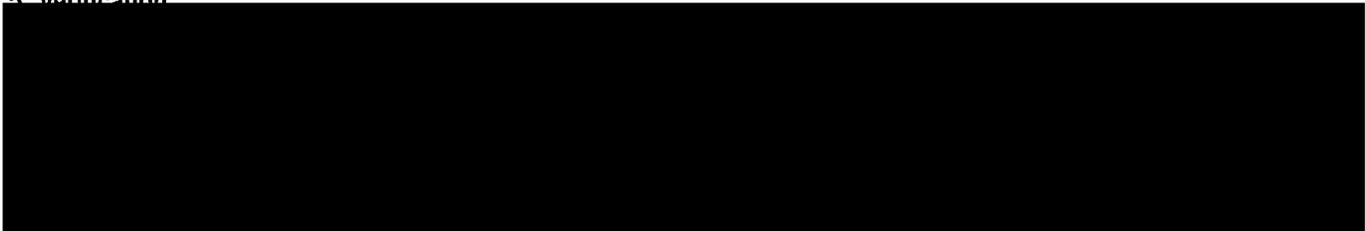
3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2013, through December 31, 2013.
- or- The period covered is ____/____/____, through December 31, 2013.
- Assuming Office: Date assumed ____/____/____
- Leaving Office: Date Left ____/____/____ (Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- The period covered is ____/____/____, through the date of leaving office.
- 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
- or- None - No reportable interests on any schedule

5. Verification



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

Date Signed March 27 2014
(month, day, year)

**SCHEDULE D
Income – Gifts**

Name

Robert Joseph McGarvey

▶ NAME OF SOURCE (Not an Acronym)
Teichert (Joint Dinner Hosted with Sutter Health)

ADDRESS (Business Address Acceptable)
2500 American River Drive, Sacramento, CA 95864

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Construction

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

▶ NAME OF SOURCE (Not an Acronym)
Dignity Health (see comments below)

ADDRESS (Business Address Acceptable)
3400 Data Drive, Rancho Cordova, CA 95670

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 14 / 13</u>	<u>\$ 33.86</u>	<u>Brunch</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Sutter Health (Joint Dinner Hosted with Teichert)

ADDRESS (Business Address Acceptable)
2200 River Plaza Drive, Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Care

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

▶ NAME OF SOURCE (Not an Acronym)
UC Davis Health System (see comments below)

ADDRESS (Business Address Acceptable)
4800 2nd Av, Suite 2100, Sacramento, CA 9581

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 14 / 13</u>	<u>\$ 33.86</u>	<u>Brunch</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Diepenbrock Elkin LLP (see comments below)

ADDRESS (Business Address Acceptable)
500 Capital Mall, Suite 2200, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm Business Construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 14 / 13</u>	<u>\$ 33.86</u>	<u>Brunch</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Western Health Advantage (see comments below)

ADDRESS (Business Address Acceptable)
2349 Gateway Oaks, Suite 100, Sac. CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 14 / 13</u>	<u>\$ 33.86</u>	<u>Brunch</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: A joint brunch was hosted by Dignity Health, Diepenbrock Elkin LLP, UC Davis Health System, and Western Health Advantage. at the W Hotel.

**SCHEDULE D
Income – Gifts**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Robert Joseph McGarvey
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▶ NAME OF SOURCE (Not an Acronym)
Kaiser Permanente Health Plan, Inc.

ADDRESS (Business Address Acceptable)
1600 Eureka Road, Roseville, CA 95661

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 14 / 13</u>	<u>\$ 131.05</u>	<u>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>

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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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<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

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<u> / / </u>	<u>\$</u>	<u> </u>
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<u> / / </u>	<u>\$</u>	<u> </u>

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<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

California Form 700 agencies list

- 1. City of Rancho Cordova**
- 2. Rancho Cordova Financing Corporation**
- 3. Successor Agency to the Former Redevelopment Agency of the City of Rancho Cordova**
- 4. Sacramento Regional Sanitation District (alternate)**
- 5. Sacramento Area Sewer District (alternate)**
- 6. Sacramento metropolitan Air Quality Management District (SMAQMD) (alternate)**
- 7. Sacramento Transportation Authority (STA)**
- 8. Sacramento-Yolo Mosquito Vector Control District Board**
- 9. Sacramento County Human Rights/Fair Housing Commission Governing Board**