

RECEIVED

Date Initial Filing

MARCH 31 2015

Official Use Only

City Of Rancho Cordova
Office of the City Clerk

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) Sander (FIRST) David (MIDDLE) Marvin

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

City Councilman

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

Agency: see attached.

Position:

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, 2014, through December 31, 2014.

Leaving Office: Date Left / / (Check one)

-or-

The period covered is / / through December 31, 2014.

The period covered is January 1, 2014, through the date of leaving office.

Assuming Office: Date assumed / /

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: 6

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

Date Signed March 29, 2015 (month, day, year)

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

Name
David Sander

▶ 1. BUSINESS ENTITY OR TRUST
Sander & Associates

Name
2561 East Tiffany Lane, Sacramento, CA 95827

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 14 / / 14
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 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)

\$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.)

None or Names listed below
American Society for Virology

▶ 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:

\$2,000 - \$10,000 / / 14 / / 14
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 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
Dermatology Consultants of Sacramento

Name
5340 Elvas Ave., Suite 600, Sacramento, CA 95819

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / 14 / / 14
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION Managing Partner

▶ 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.)

None or Names listed below
Medicare, Blue Cross, Blue Shield, Healthnet, Pacific
Care, United, Sutter, Cigna, Aetna

▶ 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:

\$2,000 - \$10,000 / / 14 / / 14
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold 1 Yrs. remaining Other _____

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

Comments: _____

SCHEDULE D
Income – Gifts

Name
 David Sander

▶ NAME OF SOURCE (Not an Acronym)
 California League of Cities

ADDRESS (Business Address Acceptable)
 1400 K. Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Association of California City Officials

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 3 / 14	\$ 33.98	Lunch at Comm. Meet.
6 / 19 / 14	\$ 30.36	Lunch at Comm. Meet.
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Cordova Community Council

ADDRESS (Business Address Acceptable)
 2729 Propect Park Drive, Rancho Cordova, 95670

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 4 / 14	\$ 120	July 4th Tickets/Passes
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
 California Capital Airshow

ADDRESS (Business Address Acceptable)
 10425 Norden Avenue, Mather, CA 95655

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 5 / 14	\$ 360	Tickets / Passes
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Dignity Health

ADDRESS (Business Address Acceptable)
 3215 Prospect Park Dr., Rancho Cordova, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Medical Group, Hospitals and Clinics

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 14 / 14	\$ 39.18	Breakfast
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Easton Development

ADDRESS (Business Address Acceptable)
 P.O. Box 1209, Folsom, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Real Estate Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 14 / 14	\$ 39.18	Breakfast
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Western Health

ADDRESS (Business Address Acceptable)
 2349 Gateway Oaks Dr #100, Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Health Insurance Agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 14 / 14	\$ 39.18	Breakfast
	\$	
	\$	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name
 David Sander

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
 First Suburbs Consortium of Dayton Ohio

ADDRESS (Business Address Acceptable)
 P.O. Box 49552

CITY AND STATE
 Dayton, Ohio

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Association of Dayton Suburbs

DATE(S): 9 23 14 - 9 25 14 AMT: \$ 1,448.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description Facilitated large and small discussion groups, toured Dayton suburbs with commentary, presented data and analysis on regional issues. Filmed commentary for local use.

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): _____ - _____ AMT: \$ _____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): _____ - _____ AMT: \$ _____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): _____ - _____ AMT: \$ _____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____

**California Form 700, 2014-2015
Fair Political Practices Commission
Attached Information**

David M. Sander
City of Rancho Cordova
Councilman, Vice Mayor

List of Multiple Positions Held

Agency	Position	Jurisdiction
Rancho Cordova Oversight Board	Board Member	City of Rancho Cordova
Successor Agency to the Former Redevelopment Agency of the City of Rancho Cordova	Board Member	City of Rancho Cordova
Sacramento-Yolo Mosquito & Vector Control District Board	Alternate Board Member	County of Sacramento and Yolo County
Rancho Cordova Financing Corporation	Board Member	City of Rancho Cordova
Sacramento Regional Transit District	Alternate Board Member	County of Sacramento
Sacramento Public Library Authority	Alternate Board Member	Sacramento County
Sacramento Placerville Transportation Corridor Joint Powers Authority	Board Member	Sacramento County and El Dorado County
Capitol Valley Regional SAFE	Director	Sacramento, Yolo, Sutter, Yuba, El Dorado, Placer counties
Sacramento Area Council of Governments (SACOG)	Director	Sacramento, Yolo, Sutter, Yuba, El Dorado, Placer counties
Capital Southeast Connector JPA	Board Member	Sacramento & El Dorado counties