



STATEMENT OF ECONOMIC INTERESTS

CG

COVER PAGE

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

1. Office, Agency, or Court

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

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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

[X] State Yolo, Sacramento, Sutter, Yuba, Placer,
[X] Multi-County El Dorado, San Joaquin
[X] City of West Sacramento
[] Judge or Court Commissioner (Statewide Jurisdiction)
[] County of
[] Other

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

[X] Annual: The period covered is January 1, 2014, through December 31, 2014
-or-
The period covered is 01 / 02 / 2014, through December 31, 2014
[] Assuming Office: Date assumed
[] Candidate: Election Year and office sought, if different than Part 1:
[] Leaving Office: Date Left (Check one)
[] The period covered is January 1, 2014, through the date of leaving office.
[] The period covered is through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."
[] Schedule A-1 - Investments - schedule attached
[X] Schedule A-2 - Investments - schedule attached
[] Schedule B - Real Property - schedule attached
[X] Schedule C - Income, Loans, & Business Positions - schedule attached
[X] Schedule D - Income - Gifts - schedule attached
[X] Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
[] None - No reportable interests on any schedule
► Total number of pages including this cover page: 7



Date Signed 03/26/2015 (month, day, year)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Christopher Cabaldon

Agency	Division/Board/Dept/District	Position	Type of Statement
City of West Sacramento	Successor Agency Oversight Board	Member	Annual 1/2/2014 - 12/31/2014
Sacramento Area Council of Governments		Director	Annual 1/2/2014 - 12/31/2014
Sacramento-Yolo Port District		Commissioner	Annual 1/2/2014 - 12/31/2014
Western Interstate Commission on Higher Education		Commissioner	Annual 1/2/2014 - 12/31/2014
Capitol Valley SAFE		Director	Annual 1/2/2014 - 12/31/2014
Delta Protection Commission	(CG)	Commissioner	Annual 1/2/2014 - 12/31/2014
River City Regional Stadium Financing Authority		Board Member	Annual 1/2/2014 - 12/31/2014

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 _____

Cabaldon, Christopher

▶ 1. BUSINESS ENTITY OR TRUST

Capitol Impact LLC

Name
1107 Ninth Street, Suite 500
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 THIS BUSINESS
Education management and policy strategy consulting

FAIR MARKET VALUE **IF APPLICABLE, LIST DATE:**

\$0 - \$1,999 / / / /

\$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 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

California Endowment

William & Flora Hewlett Foundation

Policy Impact

▶ 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 / / / /

\$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 _____ Other _____

Yrs. remaining

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 THIS BUSINESS

FAIR MARKET VALUE **IF APPLICABLE, LIST DATE:**

\$0 - \$1,999 / / / /

\$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

▶ 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 / / / /

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\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____

Yrs. remaining

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

Comments: _____

Additional Single Sources of Income of \$10,000 or more for Capitol Impact LLC

California Education Partners
Rockefeller Philanthropy Advisors
The James Irvine Foundation
Foundation for the California Community Colleges

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
Kaiser Foundation Health Plan
 ADDRESS (Business Address Acceptable)
6600 Bruceville Road
Sacramento, CA 95823
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health plan

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 04 / 14</u>	<u>\$ 291.50</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>

▶ 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>

▶ 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: _____

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

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Cabaldon, Christopher</u>

- 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)
Bill & Melinda Gates Foundation

ADDRESS (Business Address Acceptable)
500 Fifth Avenue North

CITY AND STATE
Seattle, WA 98109

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

DATE(S): 03 / 13 / 14 - 03 / 14 / 15 AMT: \$ 1,250.00
(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 _____

▶ 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: _____