

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing
Received
OFFICE OF THE CITY CLERK

COVER PAGE

CG

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) 2015 APR 5 PM 2:55 (MIDDLE) 1111-09

Davis Gary

1. Office, Agency, or Court

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

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

Agency: Multiple Positions, 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 Elk Grove Other _____

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

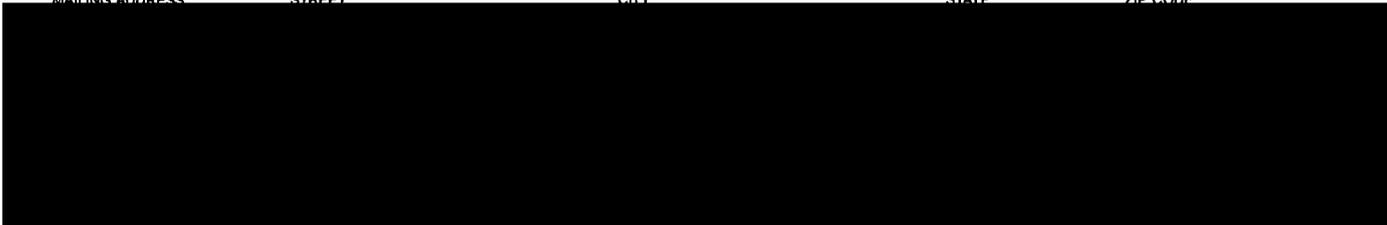
- Annual: The period covered is January 1, 2014, through December 31, 2014. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2014. The period covered is January 1, 2014, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ 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: 5**
- 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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE



Date Signed 3/31/15
(month, day, year)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Gary Davis

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 California Charter Schools Association

ADDRESS (Business Address Acceptable)
 1107 9th Street, Suite 200, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
 Dir. of Board Engagement & Leadership Development

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
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

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

Loan repayment

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

 (Describe)

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
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

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

Loan repayment

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

 (Describe)

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
 Gary Davis

▶ NAME OF SOURCE (Not an Acronym)
Kaiser Permanente
 ADDRESS (Business Address Acceptable)
6600 Bruceville Rd., Elk Grove
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Group Dinners - Pro Rata Share

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1,10,14	\$ 60	EG Chamber Dinner
1,20,14	\$ 9.95	MLK Day of Service
5,4,14	\$ 145.75	Cap-to-Cap Dinner

▶ NAME OF SOURCE (Not an Acronym)
Sutter Health
 ADDRESS (Business Address Acceptable)
2801 L Street, Sacramento
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Group Dinner - Pro Rata Share

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5,5,14	\$ 155.00	Cap-to-Cap Dinner
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Teichert
 ADDRESS (Business Address Acceptable)
8833 Kiefer Blvd. Sacramento, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Group Dinner - Pro Rata Share

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5,5,14	\$ 155.00	Cap-to-Cap Dinner
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Dignity Health
 ADDRESS (Business Address Acceptable)
3400 Data Drive, Rancho Cordova, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Group Branch - Pro Rata Share

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5,4,14	\$ 39.18	Cap-to-Cap Branch
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Easton Development Co
 ADDRESS (Business Address Acceptable)
1180 Iron Point Rd., Folsom, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Group Branch - Pro Rata Share

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5,4,14	\$ 39.18	Cap-to-Cap Branch
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Western Health Advantage
 ADDRESS (Business Address Acceptable)
2349 Gateway Oaks, Sacramento, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Group Branch - Pro Rata Share

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5,4,14	\$ 39.18	Cap-to-Cap Branch
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

Multiple Positions reported on the Annual Statement Form 700 Statement of Economic Interests for filer **Gary S. Davis** with the City of Elk Grove:

- Mayor (City of Elk Grove)
- Chair of the Board (Finance Authority of the City of Elk Grove)
- Chair of the Board (Parking Authority of the City of Elk Grove)

Multiple Positions reported on the Annual Statement Form 700 Statement of Economic Interests for filer **Gary S. Davis** with additional agencies:

- Board Member (Sacramento Area Council of Governments, *and secondary*  *agency info: Capitol Valley Regional Service Authority*)
- Board Member (Sacramento Public Library Authority)
- Board Member (Sacramento Transportation Authority and Sacramento Abandoned Vehicle Service Authority)
- Alternate Board Member (Sacramento Metropolitan Air Quality Management District Board)
- Alternate Board Member (Sacramento Metropolitan Cable Television Commission)