

STATEMENT OF ECONOMIC INTERESTS

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NAME OF FILER (LAST) (FIRST) (MIDDLE)

Schenirer, Jay Harry

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF SACRAMENTO

Division, Board, Department, District, if applicable

Your Position

Mayor and Council Office

City Council

► 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)

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of

City of Sacramento

Other multi-Jurisdictions

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

Annual: The period covered is January 1, 2015, through December 31, 2015

Leaving Office: Date Left ____/____/____ (Check one)

-or-

The period covered is ____/____/____, through December 31, 2015

The period covered is January 1, 2015, through the date of leaving office.

Assuming Office: Date assumed 01 / 12 / 2016 See attached

The period covered is ____/____/____, through the date of leaving office.

Candidate: Election Year ____ and office sought, if different than Part 1: ____

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 9

Schedules attached

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. [Redacted]

I have used all reasonable diligence in preparing this statement. I have reviewed the information herein and in any attached schedules and it is true and complete. I acknowledge this is my own work.

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

Date Signed 02/09/2016 (month, day, year)

Signature

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Jay Harry Schenirer

* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Division/Board/Dept/District	Position	Type of Statement
CITY OF SACRAMENTO	Mayor and Council Office	City Council	Annual 1/1/2015 - 12/31/2015
CITY OF SACRAMENTO Oversight Board	Mayor and Council Office	Member	Annual 1/1/2015 - 12/31/2015
Local Agency Formation Commission		Member	Assuming Office 1/12/2016
Sacramento Area Council of Governments		Member	Annual 1/1/2015 - 12/31/2015
Sacramento Employment and Training Agency		Member	Annual 1/1/2015 - 12/31/2015
Sacramento Public Library Authority		Member	Annual 1/1/2015 - 12/31/2015
Sacramento Regional Transit		Member	Annual 1/1/2015 - 12/31/2015
Sacramento Transportation		Member	Annual 1/1/2015 - 12/31/2015

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Schenker, Jay Barry

▶ NAME OF BUSINESS ENTITY
Geron Corporation

GENERAL DESCRIPTION OF THIS BUSINESS
Biotech Company

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE

 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE

 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE

 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE

 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE

 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE

 ACQUIRED DISPOSED

Comments: _____

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 _____

Schenrzer, Jay Harry

▶ 1. BUSINESS ENTITY OR TRUST

Capitol Impact LLC

Name
1107 9th Street Ste. 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 Consulting

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE	
<input type="checkbox"/> \$0 - \$1,999	____/____/____	____/____/____
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship LLC 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)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input checked="" type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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

APCO

California Education Partners

The California Endowment

▶ 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	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____	____/____/____
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> 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

<input type="checkbox"/> \$0 - \$1,999	____/____/____	____/____/____
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> 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)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____	____/____/____
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> 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

The California Senate
CORE Districts
Foundation for Community Colleges
California Education Round Table Intersegmental Coordinating Committee
The James Irvine Foundation
Policy Impact
The Bill & Melinda Gates Foundation
The Stuart Foundation
Rockefeller Philanthropy Advisors
The William & Flora Hewlett Foundation
Community Initiatives

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION	700
Name	
Schenirer, Jay Harry	

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME</p> <p>Capitol Impact LLC</p> <hr/> <p>ADDRESS (Business Address Acceptable)</p> <p>1107 9th Street Ste. 500</p> <p>Sacramento, CA 95818</p> <hr/> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>Consulting</p> <hr/> <p>YOUR BUSINESS POSITION</p> <p>Managing Partner</p> <hr/> <p>GROSS INCOME RECEIVED</p> <p> <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000 </p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p> <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2) </p> <p> <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) </p> <p> <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) </p> <p> <input type="checkbox"/> Loan repayment </p> <p> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more </p> <p>_____ (Describe)</p> <p><input checked="" type="checkbox"/> Other Partner Distribution</p> <p>_____ (Describe)</p>	<p>NAME OF SOURCE OF INCOME</p> <hr/> <p>ADDRESS (Business Address Acceptable)</p> <hr/> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <hr/> <p>YOUR BUSINESS POSITION</p> <hr/> <p>GROSS INCOME RECEIVED</p> <p> <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 </p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p> <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2) </p> <p> <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2) </p> <p> <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) </p> <p> <input type="checkbox"/> Loan repayment </p> <p> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more </p> <p>_____ (Describe)</p> <p><input type="checkbox"/> Other _____</p> <p>_____ (Describe)</p>

▶ 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:

<p>NAME OF LENDER*</p> <hr/> <p>ADDRESS (Business Address Acceptable)</p> <hr/> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER</p> <hr/> <p>HIGHEST BALANCE DURING REPORTING PERIOD</p> <p> <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 </p>	<p>INTEREST RATE</p> <p>_____ % <input type="checkbox"/> None</p> <p>TERM (Months/Years)</p> <p>_____</p> <p>SECURITY FOR LOAN</p> <p> <input type="checkbox"/> None <input type="checkbox"/> Personal residence </p> <p> <input type="checkbox"/> Real Property _____ _____ Street address _____ City </p> <p> <input type="checkbox"/> Guarantor _____ </p> <p> <input type="checkbox"/> Other _____ _____ (Describe) </p>
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Comments: _____

SCHEDULE D

Income – Gifts

Name

Schenirer, Jay Harry

▶ NAME OF SOURCE (Not an Acronym)

Kunal Merchant

ADDRESS (Business Address Acceptable)

One Sports Parkway
Sacramento, Ca 95834

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Sacramento Kings Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 19 / 15	\$ 220.00	2 Tic Sac Kings Game
/ /	\$ _____	_____
/ /	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

Cindy Brooks

ADDRESS (Business Address Acceptable)

P.O. Box 2110
Sacramento, Ca 95812

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Sacramento Regional Transit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 29 / 15	\$ 300.00	2 Tic City Year Gala
/ /	\$ _____	_____
/ /	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

Isabel Zepeda

ADDRESS (Business Address Acceptable)

4800 2nd Ave, Suite 2100
Sacramento, CA 95817

BUSINESS ACTIVITY, IF ANY, OF SOURCE

UC Davis Health System

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 15 / 15	\$ 150.00	1 Tic St. Hope Dinner
/ /	\$ _____	_____
/ /	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

Michelle Odell

ADDRESS (Business Address Acceptable)

6600 Bruceville Road
Sacramento, Ca 95823

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Kaiser Foundation Health Plan, Inc.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 19 / 15	\$ 174.00	Cap-to-Cap Dinner
/ /	\$ _____	_____
/ /	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

Lindsey Adams

ADDRESS (Business Address Acceptable)

1608 I Street
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Sacramento Convention and Visitors Bureau

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 10 / 15	\$ 398.00	2 Tic Amgen Tour 2015
/ /	\$ _____	_____
/ /	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

Mark Friedman

ADDRESS (Business Address Acceptable)

1530 J Street
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Fulcrum Property

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 05 / 15	\$ 400.00	2 Tic Crocker Ball
/ /	\$ _____	_____
/ /	\$ _____	_____

Comments: Councilmember Jay Schenirer accepted two tickets to the Farm-to-Fork Gala on September 27, 2015 that exceeded the total permitted gift amount from Sutter Health. He has reimbursed Sutter Health \$323.16 for the tickets.

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
 Keri Thomas
 ADDRESS (Business Address Acceptable)
 2800 I Street Suite 745
 Sacramento, CA 95816
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Sutter Health

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 20 / 15	\$ 123.16	1 Tic Cap to Cap Dinner
03 / 18 / 15	\$ 95.00	1 Tic Greater Sac Luncheon
01 / 30 / 15	\$ 215.00	Sac Metro Chamber Awards

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: Councilmember Jay Schenirer accepted two tickets to the Farm-to-Fork Gala on September 27, 2015 that exceeded the total permitted gift amount from Sutter Health. He has reimbursed Sutter Health \$323.16 for the tickets.

Additional Schedule D Gifts from Keri Thomas

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/27/2015	\$350.00	2 Tic Farm-to-Fork Gala