**Cover Page Overview**

- Complete the Cover Page last because you must indicate how many total pages your statement will be.
- Remember to sign the statement.
- If you are submitting an expanded statement, each must have an original signature.

### 1. Office, Agency, or Court

<table>
<thead>
<tr>
<th>Agency Name (Do not use acronyms)</th>
<th>Year Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY OF SACRAMENTO</td>
<td>SACRAMENTO PLANNING COMMISSION COMMISSIONER</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Agency</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>SACRAMENTO COUNTY HEALTH BOARD</td>
<td>BOARD MEMBER</td>
</tr>
</tbody>
</table>

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

- [ ] State
- [ ] Multi-County
- [x] County of SACRAMENTO
- [x] City of SACRAMENTO
- [ ] Other

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

- [x] Annual: The period covered is January 1, 20XX, through December 31, 20XX.
- [ ] -or- The period covered is __/__/____ through __/__/____

- [ ] Leaving Office: Date Left __/__/____ (Check one)
  - [ ] The period covered is January 1, 20XX, through the date of leaving office.
  - [ ] The period covered is __/__/____ through the date of leaving office.

- [ ] Assuming Office: Date assumed __/__/____

- [ ] Candidate: Election year __/__/____ and office sought, if different than Part 1:

### 4. Schedule Summary (must complete)  

- [x] Total number of pages including this cover page: __7__

**Schedules attached**

- [x] Schedule A-1 - Investments - schedule attached
- [x] Schedule A-2 - Investments - schedule attached
- [x] 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

### 5. Verification

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>521 STREET</td>
<td>SACRAMENTO</td>
<td>CA</td>
<td>95601</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DAYTIME TELEPHONE NUMBER</th>
<th>E-MAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(916) 555-5211</td>
<td><a href="mailto:CONTACT@CITYOFSacramento.ca.gov">CONTACT@CITYOFSacramento.ca.gov</a></td>
</tr>
</tbody>
</table>

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

**Date Signed** 3/15/XX  
**Signature** Pat Clark  

(For the originally signed statement with your filing officials)
Completing the Cover Page

• Enter your last name, first name, and middle initial.
• Provide the full name of your agency.
• Provide the name of your division, department, or board, and indicate your position at your agency.
• Provide the name of other agencies for which you are filing, and your position there, if applicable.
• Check the box to indicate the jurisdiction of your agency, and write the name of the jurisdiction.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
CLARK PAT W

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY OF SACRAMENTO
Division, Board, Department, District, if applicable SACRAMENTO PLANNING COMMISSION
Your Position COMMISSIONER

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: SACRAMENTO COUNTY HEALTH BOARD Position: BOARD MEMBER

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

☐ State
☐ Multi-County SACRAMENTO
☒ City of SACRAMENTO
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☒ County of SACRAMENTO
☐ Other
Completing the Cover Page

- Check the box to indicate the type of statement you are filing.
- Provide the dates that the statement covers.
- Check the box/es to indicate which schedules you are completing.
- If you are not completing any schedules, check the “None” box.
- Enter the total number of pages of your entire statement.

3. Type of Statement (Check at least one box)
   - Annual: The period covered is January 1, 20XX, through December 31, 20XX.
   - Leaving Office: Date Left ______/______/______
   - or: The period covered is ______/______/______ through December 31, 20XX.
   - Assuming Office: Date assumed ______/______/______
   - Candidate: Election year ______/______/______ and office sought, if different than Part 1: ______/______/______

4. Schedule Summary (must complete) ► Total number of pages including this cover page: ______
   Schedules attached
   - 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
Completing the Cover Page

• Provide the mailing address for your agency, including city and state.
• Provide the phone number for general information at your agency.
• Provide your e-mail address or a general e-mail address for your agency.
• Indicate the date you are signing the form.
• Sign the form.

5. Verification

<table>
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</table>

(916) 555-5211

CONTACT@CITYOFSacramento.ca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed: 3/15/XX

Signature: [Signature]

(month, day, year)

(If the originally signed statement with your filing official.)
Amending the Cover Page

- File amendments as soon as error or omission is discovered.
- Complete only the schedule with error(s).
- Amended schedule is retained with entire, original statement.
Questions

• Call 916-322-5660 or 866-275-3772 (866-ASK-FPPC)
  o Monday - Thursday, 9–11:30 a.m.
• E-mail advice@fppc.ca.gov

E-Filing Problems

• Your agency’s system: Contact your filing officer
• FPPC’s system: E-mail form700@fppc.ca.gov
Other Form 700 Filer Videos

Completing Form 700: Need to Know

Schedule A-1: Investments (Less than 10% Ownership Interest)
Schedule A-2: Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)
Schedule B: Interests in Real Property
Schedule C: Income, Loans & Business Positions
Schedule D: Income – Gifts
Schedule E: Income – Gifts, Travel Payments, Advances & Reimbursement