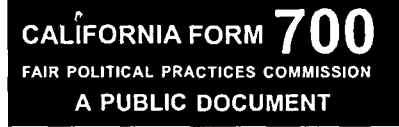


2014 AN



STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

E-Filed 02/11/2015 16:37:16 Filing ID: 154096762

Please type or print in ink.

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)

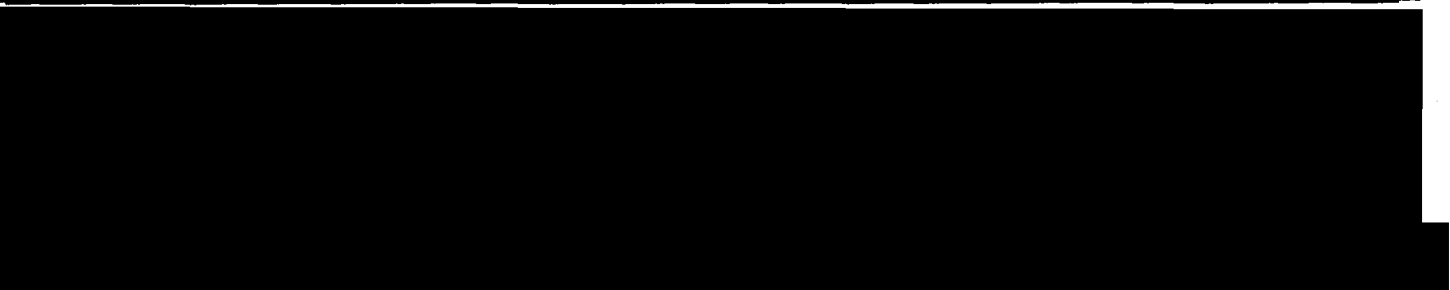
State Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County County of
City of Sacramento Other multi-Jurisdictions

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

Annual: The period covered is January 1, 2014, through December 31, 2014
-or- The period covered is / / , through December 31, 2014
Assuming Office: Date assumed 01 / 13 / 2015 See attached
Leaving Office: Date Left See attached (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.
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: 10
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
None - No reportable interests on any schedule



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

Date Signed 02/11/2015 (month, day, year)

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Jay Harry Schenirer

Agency	Division/Board/Dept/District	Position	Type of Statement
CITY OF SACRAMENTO	Mayor and Council Office	City Council	Annual 1/1/2014 - 12/31/2014
Regional Human Rights/Fair Housing	Mayor and Council Office	Member	Leaving Office 1/13/2015
Sac Metropolitan Cable Commission	Mayor and Council Office	Member	Annual 1/1/2014 - 12/31/2014
Sac Public Library Authority	Mayor and Council Office	Member	Annual 1/1/2014 - 12/31/2014
CITY OF SACRAMENTO	Sacramento Regional Arts Facilities Financing Authority	Member	Annual 1/1/2014 - 12/31/2014
Sac Regional Transit	Mayor and Council Office	Member	Annual 1/1/2014 - 12/31/2014
Sac Transportation Authority	Mayor and Council Office	Member	Annual 1/1/2014 - 12/31/2014
Sac Employment & Training Agency	Mayor and Council Office	Member	Annual 1/1/2014 - 12/31/2014
CITY OF SACRAMENTO - Oversight Board	Mayor and Council Office	Member	Annual 1/1/2014 - 12/31/2014
Sac Area Flood Control Agency		Member	Assuming Office 1/13/2015
Sac regional County Solid Waste Authority		Member	Assuming Office 1/13/2015

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 <u>Schenirer, Jay Harry</u>
--

▶ 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 _____

Schenirer, 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
Educational 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

▶ 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:

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

▶ 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

The James Irvine Foundation

Rockefeller Philanthropy Advisors

The California Endowment

▶ 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 _____ Yrs. remaining Other _____

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

▶ 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 _____ Yrs. remaining Other _____

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

Foundation for Community Colleges
Policy Impact
Intersegmental Coordinating Committee
The Stuart Foundation
Foundation for CA Community Colleges
California Education Partners
The William & Flora Hewlett Foundation

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name <u>Schenirer, Jay Harry</u>

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Capitol Impact LLC</u> ADDRESS (Business Address Acceptable) <u>1107 9th Street Ste. 500</u> <u>Sacramento, CA 95818</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Consulting</u> YOUR BUSINESS POSITION <u>Managing Partner</u> GROSS INCOME RECEIVED <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 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input checked="" type="checkbox"/> Other <u>Partner Distribution</u> _____ (Describe)	NAME OF SOURCE OF INCOME _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ YOUR BUSINESS POSITION _____ GROSS INCOME RECEIVED <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 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> 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 <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	INTEREST RATE TERM (Months/Years) _____% <input type="checkbox"/> None _____ SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ _____ Street address _____ City <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)
---	---

Comments: _____

SCHEDULE D Income – Gifts

Name

Schenirer, Jay Harry

▶ NAME OF SOURCE (Not an Acronym)

Sacramento Regional Transit

ADDRESS (Business Address Acceptable)

P.O. Box 2110
Sacramento, CA 95812

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Transportation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 11 / 14	\$ 97.81	1 Ticket to MLK Dinner
02 / 07 / 14	\$ 300.00	1 Ticket Award Gala
04 / 04 / 14	\$ 40.00	State of RT Breakfast

▶ NAME OF SOURCE (Not an Acronym)

American Israel Public Affairs Committee

ADDRESS (Business Address Acceptable)

P.O. Box 207
San Francisco, CA 94104

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Business Membership Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 27 / 14	\$ 68.00	Membership Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

Roseanna Herber

ADDRESS (Business Address Acceptable)

P.O. Box 161623
Sacramento, CA 95816

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Stonewall Democrats Sacramento

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 21 / 14	\$ 200.00	2 Tickets Stonewall Sac Four Freedoms Gala
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

Downtown Sacramento Partnership

ADDRESS (Business Address Acceptable)

980 9th Street
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Business Membership Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 28 / 14	\$ 65.00	State of DT Event
11 / 03 / 14	\$ 80.00	10 Tickets to Ice Rink
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

Townsend Raimundo Besler & Usher

ADDRESS (Business Address Acceptable)

1717 I Street
Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Advocacy Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 06 / 14	\$ 300.00	2 Tickets to Crocker Ball
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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 Permanente

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 28 / 14	\$ 350.00	2 Tickets to Farm to Fork Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D

Income – Gifts

Name

Schenirer, Jay Harry

▶ NAME OF SOURCE (Not an Acronym)

Tiffany Fabiani

ADDRESS (Business Address Acceptable)
1331 T Street
Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Region Builders PAC

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 05 / 14	\$ 95.00	1 Ticket to Region Builders BBQ
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

Brent Larkin

ADDRESS (Business Address Acceptable)
P.O. Box 276567
Sacramento, CA 95827

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Sacramento Hotel Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 28 / 14	\$ 125.00	1 Ticket SHA Hospitality Gala
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

Angelika Corchado

ADDRESS (Business Address Acceptable)
2700 Gateway Oaks Drive #1200
Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Sutter Health Sacramento Sierra Region

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 21 / 14	\$ 60.54	1 Ticket Cal Chamber of Commerce Breakfast
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

Stephanie Hansen

ADDRESS (Business Address Acceptable)
1608 I Street
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Sacramento Convention & Visitors Bureau Team

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 28 / 14	\$ 175.00	1 Ticket to Farm to Fork Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

Monica Gillen

ADDRESS (Business Address Acceptable)
3976 Durock Road Suite 102 B
Shingle Springs, CA 95682

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Horse Expo Events, Inc.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 16 / 14	\$ 75.00	Western States Horse Expo Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

Cheryl Miles-Menuofy

ADDRESS (Business Address Acceptable)
2495 Natomas Park Drive
Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Closing the Gap

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 24 / 14	\$ 130.00	2 Tickets The Great Cake Walk
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
UC Davis Health Systems
 ADDRESS (Business Address Acceptable)
4800 2nd Ave
Sacramento, CA 95817
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical Center

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 10 / 14</u>	<u>\$ 115.00</u>	<u>1 Ticket ALF Leaders Award Dinner</u>
<u>07 / 13 / 14</u>	<u>\$ 150.00</u>	<u>1 Ticket St. Hope Academy Fundraising</u>
<u>01 / 31 / 14</u>	<u>\$ 175.00</u>	<u>1 Ticket to Metro Chamber Dinner</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
FAIR POLITICAL PRACTICES COMMISSION
Name <u>Schenirer, Jay Harry</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)
St. Hope Academy

ADDRESS (Business Address Acceptable)
P.O. Box 5447

CITY AND STATE
Sacramento, CA 95817

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

DATE(S): 07 / 13 / 14 - 07 / 13 / 14 AMT: \$ 203.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description Roundtrip Airfair to Portland Oregon

▶ 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: _____