

HOW TO COMPLETE FORM 700

WEBINAR FOR
CHARTER SCHOOL GOVERNING BOARD
MEMBERS

Presented by: Caitlin O'Halloran
School Governance and Policy Specialist

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What is Form 700?

- In 1974 when CA passed the Political Reform Act they created the Fair Political Practices Commission (FPPC) to administer and enforce this landmark ethics law
- Form 700 has been required of elected state officers, judges, state board and commission members, legislative staffers, and traditional school board members (among others) for decades
- SB 126 (2019) made this disclosure mandatory for all charter school board members

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Where? When? Wait...come again?!

- **Form 700 will be filed with a board member's charter school (keep on hand). The authorizing agency may request a copy as well**
- **Filing deadline is April 1 for annual statement, but the form must also be completed when assuming office, running for office and leaving office**
- **This is a PUBLIC DOCUMENT. Everything written here may be viewed by the public and the press**

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How to file...

- **Use the Form 700 available at the website www.fppc.ca.gov**
- **Forms must have an original "wet" signature or be duly authorized by your filing office to file electronically**
- **Now...for the details...**

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What is a conflict of interest code?

- Under the Political Reform Act, all public agencies are required to adopt a conflict of interest code. This includes charter schools.
- The code has three main parts:
 - **Terms of the code:** This is the main body of a code and includes things like the manner to report financial interests, the disqualification procedures, etc. This will call out Form 700 as the reporting document.
 - **Designated positions:** Positions should be specifically listed and may include positions that involve voting on school matters, negotiating contracts or making purchases without oversight.
 - **Disclosure categories:** The code could require disclosure of investments, interest in real property and income among other things.

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Annual Statement – Form 700

- **Period covered is January 1, 2020 to December 31, 2020**
- **Do not change the pre-printed dates on the form**
- **Form is due on April Wednesday April 1, 2021**

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Cover Page of Form 700

- Like the rest of the document, this must be typed or printed in ink
- FPPC says a charter school's "Jurisdiction of Office" is "other," unless the school is a county-wide benefit charter
- Save the Schedule Summary for the end
- Remember to sign the statement
- Indicate the number of pages you are including in your form
- You may use the school's mailing address rather than your home address



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This is an example of a cover page.

Note:

#2 the "jurisdiction of office" box

#3 type of statement

#4 schedule summary

#5 business address and "wet" signature

CALIFORNIA FORM 700		STATEMENT OF ECONOMIC INTERESTS		Date Initial Filing Received
FPPC FORMERLY STATE OF CALIFORNIA		A PUBLIC DOCUMENT		Other Use Day
Please type or print in ink.				
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		Your Position		
SACRAMENTO PLANNING COMMISSION		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)				
<input type="checkbox"/> State		<input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction)		
<input type="checkbox"/> Multi-County		County of SACRAMENTO		
<input checked="" type="checkbox"/> City of SACRAMENTO		<input type="checkbox"/> Other		
3. Type of Statement (Check at least one box)				
<input checked="" type="checkbox"/> Annual: The period covered is January 1, 20XX, through December 31, 20XX.		<input type="checkbox"/> Leaving Office: Date Left ____/____/____ (Check one)		
-or- The period covered is ____/____/____ through December 31, 20XX.		The period covered is January 1, 20XX, through the date of leaving office.		
<input type="checkbox"/> Assuming Office: Date assumed ____/____/____		-or- The period covered is ____/____/____ through the date of leaving office.		
<input type="checkbox"/> Candidate: Election year ____ and office sought, if different than Part 1				
4. Schedule Summary (must complete) Total number of pages including this cover page: 7				
Schedules attached				
<input checked="" type="checkbox"/> Schedule A-1 - Investments - schedule attached		<input checked="" type="checkbox"/> Schedule C - Income, Loans, & Business Positions - schedule attached		
<input checked="" type="checkbox"/> Schedule A-2 - Investments - schedule attached		<input checked="" type="checkbox"/> Schedule D - Income - Gifts - schedule attached		
<input checked="" type="checkbox"/> Schedule B - Real Property - schedule attached		<input checked="" type="checkbox"/> Schedule E - Income - Gifts - Travel Payments - schedule attached		
-or- <input type="checkbox"/> None - No reportable interests on any schedule				
5. Verification				
MAILING ADDRESS: STREET CITY STATE ZIP CODE				
521 I STREET SACRAMENTO CA 95601				
OFFICE TELEPHONE NUMBER (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	Pat Clark	
	month, day, year		Print the originally signed statement with your filing official.	

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Schedule A-1

- **If you have a business located in, doing business in or planning to do business in your charter school's jurisdiction and that business is owned by you, your spouse or registered domestic partner or your dependent children AND it had a total benefit of \$2,000 or more, you need to report that interest on this schedule.**
- **Reportable investments include: stocks and bonds, family farms, and even a 10% or greater interest in a living trust.**

Schedule A-1 continued

You do NOT need to report:

- **Diversified mutual funds**
- **Insurance policies**
- **Money in a checking or savings account**
- **CalPERS/CalSTRS accounts**
- **Retirement accounts (non-reportable interest)**

**General description of the business – can be very general, e.g.:
technology**

If you have stocks, like Apple, you will list them here and list the fair market value of the individual stock.

You do not need to list diversified funds or money in a checking or savings account.

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 PRACTICES COMMISSION
Name: **PAT CLARK**

<p>NAME OF BUSINESS ENTITY Utel</p> <p>GENERAL DESCRIPTION OF THIS BUSINESS Technology</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other <small>(Check one)</small> <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: 10 / 03 <input checked="" type="checkbox"/> ACQUIRED <input checked="" type="checkbox"/> DISPOSED</p>	<p>NAME OF BUSINESS ENTITY Apple</p> <p>GENERAL DESCRIPTION OF THIS BUSINESS Technology</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other <small>(Check one)</small> <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: / / <input checked="" type="checkbox"/> ACQUIRED <input checked="" type="checkbox"/> DISPOSED</p>
<p>NAME OF BUSINESS ENTITY Intel</p> <p>GENERAL DESCRIPTION OF THIS BUSINESS Software</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other <small>(Check one)</small> <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: / / <input checked="" type="checkbox"/> ACQUIRED <input checked="" type="checkbox"/> DISPOSED</p>	<p>NAME OF BUSINESS ENTITY Horton Inc.</p> <p>GENERAL DESCRIPTION OF THIS BUSINESS</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input checked="" type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other <small>(Check one)</small> <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: / / <input checked="" type="checkbox"/> ACQUIRED <input checked="" type="checkbox"/> DISPOSED</p>
<p>NAME OF BUSINESS ENTITY Johnson & Johnson</p> <p>GENERAL DESCRIPTION OF THIS BUSINESS Pharmaceuticals</p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other <small>(Check one)</small> <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: / / <input checked="" type="checkbox"/> ACQUIRED <input checked="" type="checkbox"/> DISPOSED</p>	<p>NAME OF BUSINESS ENTITY</p> <p>GENERAL DESCRIPTION OF THIS BUSINESS</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other <small>(Check one)</small> <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: / / <input checked="" type="checkbox"/> ACQUIRED <input checked="" type="checkbox"/> DISPOSED</p>

Schedule A-2

On this schedule you need to report:

- Your business or your spouse’s business (community property)
- Family trust
- Partnership interests
- Rental property held by a business or trust

Schedule A-2

You do NOT need to report:

- Insurance policies
- Government bonds
- Your personal residence
- Vacation properties used for leisure and not rental



If you or your spouse own 10% or more of a business or trust, and the business is located in or doing business in your school's jurisdiction OR if the trust holds investments worth \$2,000 or more, list them on this form.

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: **PAT CLARK**

<p>1. BUSINESS ENTITY OR TRUST CLARK'S CONSULTING Name: CLARK'S CONSULTING Address (Business Address Acceptable): 450 COMMERCE WAY, SACRAMENTO, CA Check one: <input type="checkbox"/> That, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2</p> <p>GENERAL DESCRIPTION OF THIS BUSINESS IT CONSULTING</p> <p>FAIR MARKET VALUE IF APPLICABLE, LIST DATE: <input type="checkbox"/> \$0 - \$1,000 <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 ACQUIRED: <u> </u>/<u> </u>/<u> </u> XX DISPOSED: <u> </u>/<u> </u>/<u> </u> XX</p> <p>NATURE OF INVESTMENT: <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other</p> <p>YOUR BUSINESS POSITION: OWNER</p> <p>2. ENTERY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) <input type="checkbox"/> \$0 - \$999 <input checked="" type="checkbox"/> \$10,001 - \$50,000 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> OVER \$100,000</p> <p>3. TEST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary) <input type="checkbox"/> None or <input checked="" type="checkbox"/> Names listed below STEWART JOHNSON</p> <p>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: <input type="checkbox"/> INVESTMENT <input checked="" type="checkbox"/> REAL PROPERTY 265 5TH AVENUE Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property WATERFORD, CA Description of Business Activity of City or Other Precise Location of Real Property FAIR MARKET VALUE IF APPLICABLE, LIST DATE: <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 ACQUIRED: <u> </u>/<u> </u>/<u> </u> XX DISPOSED: <u> </u>/<u> </u>/<u> </u> XX</p> <p>NATURE OF INTEREST: <input checked="" type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached</p> <p>Comments: _____</p>	<p>1. BUSINESS ENTITY OR TRUST JOHNSON FAMILY TRUST Name: JOHNSON FAMILY TRUST Address (Business Address Acceptable): 1725 W. BERRY LN., SACRAMENTO, CA Check one: <input type="checkbox"/> That, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2</p> <p>GENERAL DESCRIPTION OF THIS BUSINESS</p> <p>FAIR MARKET VALUE IF APPLICABLE, LIST DATE: <input type="checkbox"/> \$0 - \$1,000 <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 ACQUIRED: <u> </u>/<u> </u>/<u> </u> XX DISPOSED: <u> </u>/<u> </u>/<u> </u> XX</p> <p>NATURE OF INVESTMENT: <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other</p> <p>YOUR BUSINESS POSITION: _____</p> <p>2. ENTERY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) <input type="checkbox"/> \$0 - \$999 <input checked="" type="checkbox"/> \$10,001 - \$50,000 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> OVER \$100,000</p> <p>3. TEST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary) <input type="checkbox"/> None or <input type="checkbox"/> Names listed below</p> <p>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: <input type="checkbox"/> INVESTMENT <input checked="" type="checkbox"/> REAL PROPERTY JOHNSON & JOHNSON Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property PHARMACEUTICALS Description of Business Activity of City or Other Precise Location of Real Property FAIR MARKET VALUE IF APPLICABLE, LIST DATE: <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 ACQUIRED: <u> </u>/<u> </u>/<u> </u> XX DISPOSED: <u> </u>/<u> </u>/<u> </u> XX</p> <p>NATURE OF INTEREST: <input type="checkbox"/> Property Ownership/Deed of Trust <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached</p> <p>Comments: _____</p>
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Schedule B – Real Property

What is “real property?”

- It has to be within, or located within two miles outside the boundaries of the jurisdiction of the charter school

Real Property can include a deed of trust, an easement or an option to acquire property. It can also include a mining lease or an interest in real property that you, your spouse or your minor children own at least a 10% share in.

- You are NOT required to report a home or vacation cabin used exclusively as a residence. But if you rent out rooms in the vacation cabin, the portion claimed as a tax deduction is reportable.
- You are not required to report your own personal residence



On this form, you'll list the address of the property, the fair market value, and sources of rental income.

SCHEDULE B Interests in Real Property (Including Rental Income)		CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name: PAT CLARK		
<p>ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 9532 PHOENIX AVE</p> <p>CITY SACRAMENTO, CA</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>IF APPLICABLE, LIST DATE: ACQUIRED: / / XX DISPOSED: / / XX</p> <p>NATURE OF INTEREST <input checked="" type="checkbox"/> Ownership/Deed of Trust <input type="checkbox"/> Easement <input type="checkbox"/> Leasehold <small>Yrs. remaining: Other</small></p> <p>IF RENTAL PROPERTY, GROSS INCOME RECEIVED <input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. <input type="checkbox"/> None ELI & DREW MARQUEZ</p>	<p>ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 100-010-017-000</p> <p>CITY SACRAMENTO, CA</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>IF APPLICABLE, LIST DATE: ACQUIRED: / / XX DISPOSED: / / XX</p> <p>NATURE OF INTEREST <input type="checkbox"/> Ownership/Deed of Trust <input type="checkbox"/> Easement <input checked="" type="checkbox"/> Leasehold <small>Yrs. remaining: 11 Other</small></p> <p>IF RENTAL PROPERTY, GROSS INCOME RECEIVED <input type="checkbox"/> \$0 - \$499 <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>SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. <input type="checkbox"/> None</p>	
<p>* You are not required to report loans from commercial lending institutions 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>		
<p>NAME OF LENDER* JESSICA GOKUN</p> <p>ADDRESS (Business Address Acceptable) 5963 RAIL RD, SACRAMENTO, CA</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER CERTIFIED PUBLIC ACCOUNTANT</p> <p>INTEREST RATE TERM (Months/Years) 1.1 % 24 MONTHS</p> <p>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 checked="" type="checkbox"/> OVER \$100,000</p> <p><input checked="" type="checkbox"/> Guarantor, if applicable OLGA CLARK</p>	<p>NAME OF LENDER*</p> <p>ADDRESS (Business Address Acceptable)</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER</p> <p>INTEREST RATE TERM (Months/Years)</p> <p>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</p> <p><input type="checkbox"/> Guarantor, if applicable</p>	

Schedule C – Income, Loans & Business Positions

Report the source and amount of gross income you or your spouse received if:

- it was over \$500 gross income and
 - it is from an entity outlined in your charter school's conflict of interest code, or
 - it is from an entity that does business in your jurisdiction
-
- This may be salary/wages, per diem, or reimbursement for expenses including travel payments provided by your employer.
 - If you have \$500 or more in loans from a private lender
 - May also be commission income, prizes or awards, gross income from the sale of a car or house



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Schedule C – Income, Loans & Business Positions

You do NOT need to report:

- Government income (state, federal, local)
- Stock dividends or sale
- Income from PERS/STRS
- Inheritance
- Income earned by dependent children
- Alimony or child support payments
- Loans made to others



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On this schedule you will report your income or your spouse's income or things like the sale of a car.

Fill out the name or source of the income and check the gross amount in addition to the consideration for which the income was received.

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)		CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
		Name PAT CLARK
<p>1. INCOME RECEIVED</p> <p>NAME OF SOURCE OF INCOME RYDER TRANSPORT INC.</p> <p>ADDRESS (Business Address Acceptable) 708 WINTERS AVE, SACRAMENTO, CA</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE MOVING COMPANY</p> <p>YOUR BUSINESS POSITION TECHNOLOGY ANALYST</p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" 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)</p>	<p>1. INCOME RECEIVED</p> <p>NAME OF SOURCE OF INCOME SAMANTHA WRIGHT</p> <p>ADDRESS (Business Address Acceptable) 421 MOON ST, SACRAMENTO, CA</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>YOUR BUSINESS POSITION</p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>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 checked="" type="checkbox"/> Sale of CAR _____ (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)</p>	

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Schedule D - Gifts

Reportable Interests:

- Accepting a gift – even if you don't use it, makes it reportable.
- A gift is reportable if its fair market value is \$50 or more
- The gift limit is \$470
- Gifts from lobbyists are limited to \$10 per month
- Commonly reportable gifts include: tickets or passes to events, food, beverages and accommodations, wedding gifts, forgiveness of a loan received by you

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Schedule D - Gifts

You do NOT need to report:

- Gifts of similar value exchanged on birthdays, holidays, etc.
- Unused gifts returned within 30 days
- Informational material to help you in your work
- SWAG at an event where you speak
- Plaques or trophies valued less than \$250



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This is the form for reporting gifts.

List the contact information for the source and the date and description of the gift.

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
PAT CLARK

NAME OF SOURCE (Not an Acronym)		
OLGA SAHAT		
ADDRESS (Business Address Acceptable) 5693 VALLONIA ST, SACRAMENTO, CA		
BUSINESS ACTIVITY, IF ANY, OF SOURCE ELECTRICAL ENGINEER		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 12 / XX	\$ 20	LUNCH
04 / 27 / XX	\$ 35	FRUIT BASKET
___ / ___ / ___	\$ _____	_____
NAME OF SOURCE (Not an Acronym)		
CRANSTON SOFTWARE CO.		
ADDRESS (Business Address Acceptable) 7671 OAK LAKE DR, SACRAMENTO, CA		
BUSINESS ACTIVITY, IF ANY, OF SOURCE FINANCIAL SOFTWARE DEVELOPER		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 05 / XX	\$ 425	CUSTOM SOFTWARE
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
NAME OF SOURCE (Not an Acronym)		
HEARST TELEVISION INC.		
ADDRESS (Business Address Acceptable) 1246 MAIN ST, TALLAHASSEE, FLORIDA		
BUSINESS ACTIVITY, IF ANY, OF SOURCE RADIO STATION		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 03 / XX	\$ 240	NBA TICKETS
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
NAME OF SOURCE (Not an Acronym)		
ERNST & YOUNG		
ADDRESS (Business Address Acceptable) 8565 MADISON AVE, SACRAMENTO, CA		
BUSINESS ACTIVITY, IF ANY, OF SOURCE ACCOUNTING FIRM		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 15 / XX	\$ 300	COSTCO GIFT CARD
12 / 24 / XX	\$ 150	DINNER
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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Schedule E – Gifts, Travel Payments, Advances, and Reimbursements

- You are NOT required to report travel payments from government agencies if you have provided services of equal or greater value than the payment
- You are NOT required to disclose travel payments received from your employer in the normal course of your employment
- You ARE required to report travel payments that are gifts – if you did not provide services equal to or greater in value than payments received
- When reporting travel payments as income, you have the burden of proving income and describing services



Use this form to report travel payments.

Again, list the contact information for the source of the payment, as well as information about business activity and the nature of your participation.

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

CALIFORNIA FORM 700
FARM POLITICAL PRACTICES COMMISSION
Name:
PAT CLARK

• 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 gift limit, but may result in a disqualifying conflict of interest.
• For gifts of travel, provide the travel destination.

<p>• NAME OF SOURCE (Not an Anonymous)</p> <p>ELION HEALTHCARE SERVICES</p> <p>ADDRESS (Business Address Acceptable) 2330 PADRE MISSION WAY</p> <p>CITY AND STATE SAN DIEGO, CA</p> <p><input type="checkbox"/> 501 (c)(3) - DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Medical cost containment</p> <p>DATE(S) 10 / 1 / XX 10 / 3 / XX AMT. \$ 380.00</p> <p>• MUST CHECK ONE: <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input checked="" type="checkbox"/> Other - Provide Description hotel, gas and parking for conference</p> <p>• If Gift, Provide Travel Destination: San Francisco, CA</p>	<p>• NAME OF SOURCE (Not an Anonymous)</p> <p>APGAR HEALTH PROVIDER</p> <p>ADDRESS (Business Address Acceptable) 324 BROAD CANAL STREET</p> <p>CITY AND STATE NEW YORK, NY</p> <p><input type="checkbox"/> 501 (c)(3) - DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Managed care consortium</p> <p>DATE(S) 4 / 16 / XX 4 / 17 / XX AMT. \$ 900.00</p> <p>• MUST CHECK ONE: <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input checked="" type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description</p> <p>• If Gift, Provide Travel Destination: New York, NY</p>
<p>• NAME OF SOURCE (Not an Anonymous)</p> <p>SoCal REAL ESTATE BOARD</p> <p>ADDRESS (Business Address Acceptable) 99178 LEHOLLYWOOD BLVD.</p> <p>CITY AND STATE LOS ANGELES, CA</p> <p><input type="checkbox"/> 501 (c)(3) - DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Association of real estate brokers and agents</p> <p>DATE(S) 1 / 1 / XX 1 / 1 / XX AMT. \$ 620.00</p> <p>• MUST CHECK ONE: <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input checked="" type="checkbox"/> Other - Provide Description Reimbursement for Travel to board meeting</p> <p>• If Gift, Provide Travel Destination:</p>	<p>• NAME OF SOURCE (Not an Anonymous)</p> <p>Western States Health Foundation</p> <p>ADDRESS (Business Address Acceptable) 1102 Vabanque Circle</p> <p>CITY AND STATE Las Vegas, NV</p> <p><input type="checkbox"/> 501 (c)(3) - DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S) 3 / 23 / XX 3 / 24 / XX AMT. \$ 525.00</p> <p>• MUST CHECK ONE: <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input checked="" type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description</p> <p>• If Gift, Provide Travel Destination: Las Vegas for Foundation's annual conference</p>

Comments:

FPPC Form 700 (2016/2017) Sub. E
FPPC Website Email: info@fpfc.ca.gov
FPFC Toll-Free Helpline: 866/275-3722 www.fppc.ca.gov

OTHER RESOURCES

• www.chartercenter.org

- 📁 Board Governance Policies
 - L 📄 1. [Board Duties and Responsibilities: Delegation of Power](#) 🔒
 - L 📄 2. [Annual Organizational Meeting](#) 🔒
 - L 📄 3. [Procedure for Policy Adoption](#) 🔒
 - L 📄 4. [Code of Ethics for Board Members](#) 🔒
 - L 📄 5. [School Board Meetings - Brown Act Compliance](#) 🔒
 - L 📄 6. [Board Operations](#) 🔒
 - L 📄 7A. [Conflict of Interest Code](#) 🔒
 - L 📄 7B. [Conflicts of Interest Policy](#) 🔒
 - L 📄 8. [Acceptance of Gifts](#) 🔒
 - L 📄 9. [Dissolution of the School](#) 🔒
 - L 📄 10. [Public Records Requests](#) 🔒

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Questions/Advice

Call 916-322-5660 or 866-275-3772 (866-ASK-FPPC)

They are available 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

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