

How to Complete Form 700

Webinar for
Charter School Governing Board Members
and Other Designated Filers

February 22, 2022

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

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About the Presenter

CSDC School Governance and Policy Specialist
Caitlin O'Halloran

- More than two decades as a staff member to California State Legislators
- Former lobbyist for California Department of Education
- Former Commissioner, Advisory Commission on Charter Schools
- Charter school founder and former school director
- Current member of the Dixon Unified School District Governing Board
- Former member of the Dixon Montessori Charter School Board



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Goals for this Presentation

- What is the Form 700 and why is it filed?
- What is the Conflict of Interest Code and how does it relate?
- How/where to File Form 700?
- A step-by-step walk through the “schedules.”
- What to do if you make a mistake?
- Resources



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What is Form 700?

- In the aftermath of Watergate (1974) CA voters passed Prop 9, known as the Political Reform Act. The Fair Political Practices Commission (FPPC) was created 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 discloses financial interests to elected officials and public employees.
- Forms will be filed with a board member's charter school (keep on hand for up to seven years). 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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Who is Required to Fill Out Form 700?

- Conflict of Interest Code outlines who must fill out the Form 700
- Do you...
 - Make or participate in making decisions?
 - Help to direct/spend state dollars?
- Examples are:
 - Governing Board
 - Executive Director



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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 (COIC). 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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More on the COIC...

- Charter schools are obligated to have a conflict of interest code/policy on file
 - This code should be updated and current
- CSDC has a template, also a charter school's legal counsel can write one
- Code must be sent to the County Board of Supervisors unless it is requested by the FPPC



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How to File...

- Use the Form 700 available at the website www.fppc.ca.gov
- New this year! Use *either* a “wet” signature or an electronic signature (not a cut and paste signature), it must meet certain criteria.
- Now...for more details...



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Annual Statement – Form 700

- Period covered is January 1, 2021 to December 31, 2021
- Do not change the pre-printed dates on the form
- **Form is due (to charter school office) on Friday April 1, 2022**



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Other Statements (and Deadlines)

- Assuming Office Statements:
 - Due within 30 days of starting your new job
- Leaving Office Statements:
 - Due within 30 days of leaving your job
- Candidate Statements (this does not apply to charter school board members):
 - Due no later than the final filing deadline for the declaration of candidacy
- Amendments:
 - Due as soon as possible after you notice the error or omission



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The FPPC's Things to Keep in Mind

- If you are in doubt about whether to disclose something, the conservative answer is to disclose it.
- You only need to report as much as your disclosure category(ies) in your conflict of interest code requires.
- Filers get fined if they don't disclose something. They generally do not get fined if they disclose something on the wrong schedule.
- Generally, you disclose a financial interest only once on the Form. You should not double report it.
- Amendments are attached to and retained with the original statement. The original statement is not destroyed.



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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; complete the cover page last**
- Remember to sign the statement
- Indicate the number of pages you are including in your form



You **cannot** 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 signature

CALIFORNIA FORM 700		STATEMENT OF ECONOMIC INTERESTS		Date Initial Filing Received
FPPC INFORMATION: PLEASE PRINT OR TYPE IN INK		A PUBLIC DOCUMENT		Official Use Only
COVER PAGE				
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				
SACRAMENTO PLANNING COMMISSION				
Your Position				
COMMISSIONER				
<input type="checkbox"/> 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 <input type="checkbox"/> 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)				
<input type="checkbox"/> Assuming Office: Date assumed ____/____/____				
<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				
<input type="checkbox"/> None - No reportable interests on any schedule				
5. Verification				
BUSINESS ADDRESS: STREET CITY STATE ZIP CODE				
521 I STREET SACRAMENTO CA 95601				
OFFICE TELEPHONE NUMBER (HOME 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	

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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.



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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



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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 POLITICAL PRACTICES COMMISSION
Name: **PAT CLARK**

<p>NAME OF BUSINESS ENTITY Intel</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 <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 ACQUIRED XX / XX / XX ACQUIRED 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 <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: / / ACQUIRED XX / XX / XX ACQUIRED 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 <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: / / ACQUIRED XX / XX / XX ACQUIRED 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 <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: / / ACQUIRED XX / XX / XX ACQUIRED DISPOSED</p>
<p>NAME OF BUSINESS ENTITY Johnson & Johnson</p> <p>GENERAL DESCRIPTION OF THIS BUSINESS Pharmaceuticals</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 <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: / / ACQUIRED XX / XX / XX ACQUIRED 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 <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: / / ACQUIRED XX / XX / XX ACQUIRED DISPOSED</p>

Schedule A-2

On this schedule you MUST report:

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

Schedule A-2

You do **NOT** need to report:

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



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		
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 GENERAL DESCRIPTION OF THIS BUSINESS IT CONSULTING FAIR MARKET VALUE IF APPLICABLE, LIST DATE: <input type="checkbox"/> \$0 - \$1,000 <input type="checkbox"/> \$1,001 - \$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: XX / XX / XX DISPOSED: XX / XX / XX NATURE OF INVESTMENT: <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other YOUR BUSINESS POSITION: OWNER	2. 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 GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE IF APPLICABLE, LIST DATE: <input type="checkbox"/> \$0 - \$1,000 <input type="checkbox"/> \$1,001 - \$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: XX / XX / XX DISPOSED: XX / XX / XX NATURE OF INVESTMENT: <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other YOUR BUSINESS POSITION:	
3. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) <input type="checkbox"/> \$0 - \$999 <input type="checkbox"/> \$10,001 - \$50,000 <input checked="" type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> OVER \$100,000	3. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) <input type="checkbox"/> \$0 - \$999 <input type="checkbox"/> \$10,001 - \$50,000 <input checked="" type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> OVER \$100,000	
4. IDENTIFY 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	4. IDENTIFY 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	
5. 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: 265 5TH AVENUE Description of Business Activity or City or Other Precise Location of Real Property: WATERFORD, CA FAIR MARKET VALUE IF APPLICABLE, LIST DATE: <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 ACQUIRED: XX / XX / XX DISPOSED: XX / XX / XX 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	5. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY JOHNSON & JOHNSON Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property: JOHNSON & JOHNSON Description of Business Activity or City or Other Precise Location of Real Property: PHARMACEUTICALS FAIR MARKET VALUE IF APPLICABLE, LIST DATE: <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 ACQUIRED: XX / XX / XX DISPOSED: XX / XX / XX 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	
Check box if additional schedules reporting investments or real property are attached: <input type="checkbox"/>		
Comments:		

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.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

SCHEDULE B
Interests in Real Property
(Including Rental Income)

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 _____ DISPOSED _____</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 _____ DISPOSED _____</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>
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* 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>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 1.1 % <input type="checkbox"/> None</p> <p>TERM (Months/Years) 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 _____ % <input type="checkbox"/> None</p> <p>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>
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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.
 - Repayment of loans made to others
 - 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

1. INCOME RECEIVED	1. INCOME RECEIVED
<small>NAME OF SOURCE OF INCOME</small> RYDER TRANSPORT INC. <small>ADDRESS (Business Address Acceptable)</small> 708 WINTERS AVE, SACRAMENTO, CA <small>BUSINESS ACTIVITY, IF ANY, OF SOURCE</small> MOVING COMPANY <small>YOUR BUSINESS POSITION</small> TECHNOLOGY ANALYST <small>GROSS INCOME RECEIVED</small> <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 <small>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</small> <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small> <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 _____ <small>(Describe)</small> <input type="checkbox"/> Other _____ <small>(Describe)</small>	<small>NAME OF SOURCE OF INCOME</small> SAMANTHA WRIGHT <small>ADDRESS (Business Address Acceptable)</small> 421 MOON ST, SACRAMENTO, CA <small>BUSINESS ACTIVITY, IF ANY, OF SOURCE</small> _____ <small>YOUR BUSINESS POSITION</small> _____ <small>GROSS INCOME RECEIVED</small> <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 <small>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</small> <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small> <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 _____ <small>(Describe)</small> <input type="checkbox"/> Other _____ <small>(Describe)</small>

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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 \$520 (2021) from a single source
- 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
- Disaster relief



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Oooops... I took a gift and shouldn't have...

- Here are your options:
 - return the gift to the giver within 30 days.
 - pay the giver the fair market value of the gift within 30 days.
 - pay the giver the excess amount over the gift limit within 30 days.
 - donate the (unused) gift to charity within 30 days.



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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

<p>▶ 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</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DATE (mm/dd/yy)</th> <th style="text-align: left;">VALUE</th> <th style="text-align: left;">DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>02 / 12 / XX</td> <td>\$ 20</td> <td>LUNCH</td> </tr> <tr> <td>04 / 27 / XX</td> <td>\$ 35</td> <td>FRUIT BASKET</td> </tr> <tr> <td> </td> <td>\$</td> <td> </td> </tr> <tr> <td> </td> <td>\$</td> <td> </td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	02 / 12 / XX	\$ 20	LUNCH	04 / 27 / XX	\$ 35	FRUIT BASKET		\$			\$		<p>▶ 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</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DATE (mm/dd/yy)</th> <th style="text-align: left;">VALUE</th> <th style="text-align: left;">DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>03 / 05 / XX</td> <td>\$ 425</td> <td>CUSTOM SOFTWARE</td> </tr> <tr> <td> </td> <td>\$</td> <td> </td> </tr> <tr> <td> </td> <td>\$</td> <td> </td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	03 / 05 / XX	\$ 425	CUSTOM SOFTWARE		\$			\$	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																										
02 / 12 / XX	\$ 20	LUNCH																										
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03 / 05 / XX	\$ 425	CUSTOM SOFTWARE																										
	\$																											
	\$																											
<p>▶ 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</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DATE (mm/dd/yy)</th> <th style="text-align: left;">VALUE</th> <th style="text-align: left;">DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>08 / 03 / XX</td> <td>\$ 240</td> <td>NBA TICKETS</td> </tr> <tr> <td> </td> <td>\$</td> <td> </td> </tr> <tr> <td> </td> <td>\$</td> <td> </td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	08 / 03 / XX	\$ 240	NBA TICKETS		\$			\$		<p>▶ 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</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DATE (mm/dd/yy)</th> <th style="text-align: left;">VALUE</th> <th style="text-align: left;">DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>07 / 15 / XX</td> <td>\$ 300</td> <td>COSTCO GIFT CARD</td> </tr> <tr> <td>12 / 24 / XX</td> <td>\$ 150</td> <td>DINNER</td> </tr> <tr> <td> </td> <td>\$</td> <td> </td> </tr> <tr> <td> </td> <td>\$</td> <td> </td> </tr> </tbody> </table>	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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	\$																											
	\$																											

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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

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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
FAIR 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 Account)</p> <p>ELION HEALTHCARE SERVICES</p> <p>ADDRESS (Business Address Acceptable)</p> <p>2330 PADRE MISSION WAY</p> <p>CITY AND STATE</p> <p>SAN DIEGO, CA</p> <p><input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p><input type="checkbox"/> Medical cost containment</p> <p>DATED: 10/1/XX - 10/3/XX AMT: 360.00 (if gift)</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 Account)</p> <p>APGAR HEALTH PROVIDER</p> <p>ADDRESS (Business Address Acceptable)</p> <p>324 BROAD CANAL STREET</p> <p>CITY AND STATE</p> <p>NEW YORK, NY</p> <p><input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p><input type="checkbox"/> Managed care consortium</p> <p>DATED: 4/16/XX - 4/17/XX AMT: 900.00 (if gift)</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 Account)</p> <p>SoCal REAL ESTATE BOARD</p> <p>ADDRESS (Business Address Acceptable)</p> <p>99178 LEHOLLYWOOD BLVD.</p> <p>CITY AND STATE</p> <p>LOS ANGELES, CA</p> <p><input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p><input type="checkbox"/> Association of real estate brokers and agents</p> <p>DATED: / / AMT: 820.00 (if gift)</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 Account)</p> <p>Western States Health Foundation</p> <p>ADDRESS (Business Address Acceptable)</p> <p>1102 Vabanque Circle</p> <p>CITY AND STATE</p> <p>Las Vegas, NV</p> <p><input checked="" type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATED: 3/23/XX - 3/24/XX AMT: 525.00 (if gift)</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:

FFPC Form 700 (2016/2017) Sch. E
FFPC Advice Email: advice@ffpc.ca.gov
FFPC Toll-Free Helpline: 866/275-3772 www.ffpc.ca.gov

[Clear Page](#) [Print](#)

CSDC COIC Resources

• www.chartercenter.org

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



FPPC Form 700

- www.fppc.ca.gov

Statements of Economic Interests - Form 700

Every elected official and public employee who makes or influences governmental decisions is required to submit a Statement of Economic Interest, also known as the Form 700. The Form 700 provides transparency and ensures accountability in two ways:






1. It provides necessary information to the public about an official's personal financial interests to ensure that officials are making decisions in the best interest of the public and not enhancing their personal finances.
2. It serves as a reminder to the public official of potential conflicts of interest so the official can abstain from making or participating in governmental decisions that are deemed conflicts of interest.

Filing a Form 700

The FPPC is available to answer any questions you may have on Form 700 reporting or filing. However, in order to better assist you, you should obtain your "disclosure category." A disclosure category is a description of the types of financial interests you must disclose on your Form 700 based on your job classification or position. Each agency defines its own disclosure categories for each position based on the type and scope of work performed.

To obtain a copy of your disclosure category, check with a supervisor or other designated staff in your agency's legal or personnel department.

Form 700

-  Form 700 (Use Through Dec. 31, 2022)
-  Form 700 HTML version ADA compliant
-  Reference Pamphlet (Explains Reporting Requirements)
-  Form 700 - Excel Format
-  Form 700 FAQs
-  Expanded SEI Fact Sheet **NEW**
-  Filing with a Digital Signature Fact Sheet **NEW**

Form 700

- ▶ About FPPC
- ▶ The Law
- ▶ Learn
- ▶ Advice
- ▶ Enforcement
- ▶ Transparency Portal
- ▶ Media Center

Form 700 Tutorials!

Learn more about who files the Form 700 and how to complete each schedule.

Questions About Gifts & Travel?

For guidelines about reporting Gifts, Honoraria, Travel, or Loans click the button below.

[Gifts & Travel Fact Sheet for State Officials](#)



Questions/Advice Resource

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





Questions?



**CHARTER SCHOOLS
DEVELOPMENT CENTER**

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Shameless Affinity Group Plug...

- **Governing Board Members Affinity Group** –
February 24, 2022 3:00PM
- **Advocacy Affinity Group** –
February 24, 2022 11:00AM

Please join us!



**CHARTER SCHOOLS
DEVELOPMENT CENTER**

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