City of SACRAMENTO
Office of the City Clerk

District 4 Candidate

Candidate Name
Susan "Sioux" Colombe

Ballot Designation
Medical Cannabis Coordinator

Nomination Documents Attached

Nomination Petitions are viewable in the City Clerk's Office

1. Candidate Statement
2. Biographical Form
3. Statement of Economic Interest Form 700
4. Code of Fair Campaign Practices

City of SACRAMENTO
Office of the City Clerk

Candidate Statement Form

June 7, 2016 Primary Municipal Election

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CITY OF SACRAMENTO
2016 MAR 10 A 11: 18

Name of Candidate: **Susan "Sioux" Colombe**
Office Sought: **District 4**
Age (*optional*): 54
Occupation: Medical Patient Adovcate

☐ I do not wish to submit a candidate statement.
Signature: _____ Date: _____

Candidate Statement (200 word limit):

My name is Susan Sioux Colombe, I'm a fifty-four year old artist, mother, grandmother, and I have a service dog, name Juliet. I'm running for City Council in District four, and I believe I'm qualified. The City is welcoming new businesses, and with new business comes new taxes. Those new taxes can create new programs that benefit our city and its residents. I volunteer in Sacramento and have for over ten years, with local neighborhood associations, local and national patients groups, and The Human Solution International court Support. I have been awarded a Proclamation by the City and Resolution by the County of Sacramento for raising donations to keep a local transitional housing program open. A few other passions are clean drinking water, and its proper storage, parks, health care, alternative medicine, education, youth programs, nutrition, empowering of the poor, self-cleaning portable bathrooms, and rehousing the homeless. I also will address issues, like drugs, gangs, crime, and violence. I look forward serving you as council, as we make social changes, through education and teamwork. Together we can make a difference, keep our city beautiful.

Please select all that apply:

☐ In the event there is no opposition for this contest, I wish to withdraw this statement.

☐ Supplemental pages are included with my *Candidate Statement Form*

☐ I am submitting the fee of $450.00 and the *Manner of Payment Form* with my statement **OR**

[X] I am claiming indigence and am submitting the *Declaration of Indigence* and a *Statement of Financial Worth* with my statement.

By signing below I am confirming that I have prepared the above statement (pursuant to Elections Code §13307) for inclusion in the official sample ballot mailed to registered voters who are eligible to vote for me. I understand that the statement cost is an estimate and I agree to pay the difference between the estimate and the actual cost of the statement within 30 days of receiving the bill. For those approved for indigence status, the full cost of the statement is due within 30 days of receiving the bill.

Signature: _____ Date: 3/10/16

City of SACRAMENTO
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Biographical Form

June 7, 2016 Primary Municipal Election

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2016 MAR 10 A 11:18

The Biographical Form is an opportunity for candidates to share additional background information. This form must be submitted with nomination documents. Electronic preparation of this form is required, handwritten forms will not be accepted. ***- This document is public information –***

Name of Candidate: **Susan "Sioux" Colombe**
Office Sought: **DISTRICT 4**

Recommended Information

The Office of the City Clerk receives numerous inquiries for candidates contact information during the election process. In order to make this information readily available, candidates can use this section to provide as much contact information as they wish. This information is NOT confidential and will be posted on the City Clerk's Website in its entirety.

Media Contact Info: **Sioux Colombe 916-233-5191 sioux@cannarites.com**

Campaign Manager: _____
Campaign Address: _____
Campaign Phone #: _____
Campaign E-mail: _____
Campaign Website: _____

OPTIONAL Information

This section is completely optional; a candidate may share as little or as much information as desired.

Birth Date: _____ Place of Birth: _____

Years Lived in Sacramento: **45 years** Formerly of: _____

Name of Spouse: _____ Occupation: **Medical Patient Advocate**

Education & Training: 11 years volunteering in many different areas of the city within District 4

Service Record:

Membership and Offices Held in Civic, Religious, Fraternal or Technical Associations:
Founder of CannaRites.com, Co-Founder of EndoCannabinoidUniversity.com, Sacramento & El Dorado Coordinator of The Human Solution International (THSI) Foothills Central chapter, Founder of Sacramento & El Dorado Chapter, & Co-Founder of Nor-Cal Chapter, 2012 Sacramento City Management Academy Graduate, 2015 CERT Sacramento Fire Department, Justice Reform Coalition (JRC) Cannabis Advocate, Ambassador for ASA, Americans For Safe Access since 2005, ACLU member 2015

By signing below, I understand that the information provided on this form is public information and will be posted on the City Clerk's Website.

Signature: _____ Date: 3-10-16

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

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CITY OF SACRAMENTO
2016 MAR 10 A 11:18

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Colombe	Sioux	Susan

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

District 4 City Council

Division, Board, Department, District, if applicable — Your Position

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

Agency: _____ Position: _____

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

- ☐ State
- ☐ Multi-County _____
- ☑ City of Sacramento
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

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

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

-or-

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

☐ **Assuming Office:** Date assumed ____/____/_____

☐ **Leaving Office:** Date Left ____/____/_____ *(Check one)*

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

-or-

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

☒ **Candidate:** Election year 2016 and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ▶ *Total number of pages including this cover page:* 1

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☑ ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) — STREET — CITY — STATE — ZIP CODE

[redacted]

DAYTIME TELEPHONE NUMBER — E-MAIL ADDRESS

[redacted]

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 March 9 2016 *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*

NO CODE OF FAIR CAMPAIGN PRACTICE FORM WAS SUBMITTED.