City of SACRAMENTO
Office of the City Clerk

Mayoral Candidate

Candidate Name
Angelique Ashby

Ballot Designation
City Councilmember/ Businesswoman

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

RECEIVED
CITY CLERK'S OFFICE
CITY OF SACRAMENTO
2016 MAR 11 P 4:13

Name of Candidate: Angelique Ashby
Office Sought: **MAYOR**
Age (*optional*): 41
Occupation: City Councilmember / Businesswoman

☐ I do not wish to submit a candidate statement.

Signature: _____ Date: _____

Candidate Statement (200 word limit):

As Sacramento Vice Mayor, Mayor Pro Tem, and as a City Councilmember who has represented 106,000 residents in Natomas and downtown, I'm proud of our many successes in Sacramento since I was elected six years ago.

Some successes include: balancing the city budget, while protecting vital services during the Recession; improving emergency response times; adding police officers and Fire Station 43 in my district; securing critical funding for schools, libraries, and gang prevention programs; strengthening neighborhoods; and revitalizing downtown.

As Chair of the Sacramento Area Flood Control Agency, I worked tirelessly to upgrade our levees and secure federal funding to finish the $1 billion improvements to make the levees safe. This collaborative effort protected 100,000 residents and lifted the 7 year homebuilding moratorium. Last year, I spearheaded the effort establishing the Sacramento Police Commission and the City Ethics Commission.

As Mayor, I will bring proven experience as a leader on the Council, as a business owner, as a neighborhood advocate and mom: all my energy and expertise focused on protecting families and keeping every Sacramento neighborhood vibrant and safe.

Join Sacramento firefighters and police officers, the Metro Chamber PAC, business leaders including Roger Niello; retired District Attorney Jan Scully, Senator Richard Pan, Assemblymember Jim Cooper, community leaders, and middle-class families across Sacramento in supporting Angelique Ashby. www.AshbyforMayor.com

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 $2,150.00 and the *Manner of Payment Form* with my statement **OR**

City of
SACRAMENTO
Office of the City Clerk

Candidate Statement Form

June 7, 2016 Primary Municipal Election

☐ 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: 3/11/16

City of SACRAMENTO
Office of the City Clerk

RECEIVED
CITY CLERK'S OFFICE
CITY OF SACRAMENTO
2016 MAR 11 P 4:14

Biographical Form
June 7, 2016 Primary Municipal Election

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: **Angelique Ashby**
Office Sought: **MAYOR**

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: **Patrick McGarrity (916) 444-5353 patrick@jpmminc.com**

Campaign Manager: **Erin Hicks**
Campaign Address: **2121 Natomas Crossing Drive PMB #264 Sacramento, CA 95834**
Campaign Phone #: **(916) 801-6056**
Campaign E-mail: **campaign@ashbyformayor.com**
Campaign Website: **ashbyformayor.com**

OPTIONAL Information

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

Birth Date: **3/20/1975** Place of Birth: **Ashland, OR**

Years Lived in Sacramento: **27 years** Formerly of: **Roseville, CA**

Name of Spouse: **Zachary Rucker-Christopher** Occupation: **City Councilmember / Businesswoman**

Education & Training:
BA in Sociology; UC Davis
JD; McGeorge School of Law

Service Record:

Membership and Offices Held in Civic, Religious, Fraternal or Technical Associations:

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: 3/11/16

021300007-NFH-0007

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Official Use Only

E-Filed
03/11/2016
09:51:47

Filing ID:
159160464

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Ashby, Angelique V.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF SACRAMENTO

Division, Board, Department, District, if applicable: Mayor and Council Office

Your Position: 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
- [ ] Multi-County
- [X] City of Sacramento
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [ ] County of
- [X] Other Multi-Jurisdictional

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

[X] **Annual:** The period covered is January 1, 2015, through December 31, 2015

-or-

The period covered is ___/___/___, through December 31, 2015

[X] **Assuming Office:** Date assumed 01 / 12 / 2016
See attached

[X] **Candidate:** Election Year 2016
See attached
and office sought, if different than Part 1:

[ ] **Leaving Office:** Date Left ___/___/___
(Check one)

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

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

4. Schedule Summary (must complete)

► **Total number of pages including this cover page:** 7

Schedules attached

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

-or-

[ ] **None -** *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

CITY: Sacramento
STATE: CA
ZIP CODE: 95814

DAYTIME TELEPHONE NUMBER: ( )

E-MAIL ADDRESS:

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 03/11/2016
(month, day, year)

Signature Angelique V. Ashby
(File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Angelique V. Ashby

* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Division/Board/Dept/District	Position	Type of Statement
CITY OF SACRAMENTO	Mayor and Council Office	City Council	Annual 1/1/2015 - 12/31/2015
Downtown Revitalization Corporation	City of Sacramento	Board President	Annual 1/1/2015 - 12/31/2015
Sac. Area Flood Control Agency	Multi-County	Board Member	Annual 1/1/2015 - 12/31/2015
Sacramento Public Library Authority	County of Sacramento	Board Member	Annual 1/1/2015 - 12/31/2015
Association of California Water Agencies Board	Multi-County	Board Member	Annual 1/1/2015 - 12/31/2015
Sacramento Regional County Solid Waste Authority		Board Member	Assuming Office 1/12/2016
Sacramento Regional County Sanitation District		Board Member	Assuming Office 1/12/2016
City of Sacramento	Mayor and Council Offices	Mayor	Candidate: Election Year - 2016

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: Ashby, Angelique V.

▶ 1. BUSINESS ENTITY OR TRUST

Name: Ashby Consulting Group, LLC

Address *(Business Address Acceptable)*: Sacramento, CA 95835

Check one
☐ Trust, *go to 2* ☒ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS: Consulting

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
____/____/____ ACQUIRED
____/____/____ DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☒ Limited Liab. Co (Other)

YOUR BUSINESS POSITION: Partner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☒ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

▶ 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

Westcare California, Inc.

Prison Industry Authority - CDCR

New Alternatives, Inc.

▶ 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
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
____/____/____ ACQUIRED
____/____/____ DISPOSED

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

▶ 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
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
____/____/____ ACQUIRED
____/____/____ DISPOSED

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)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

▶ 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

▶ 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
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
____/____/____ ACQUIRED
____/____/____ DISPOSED

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:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Ashby, Angelique V.

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

4927 Winamac Dr. 95835

CITY

Sacramento

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
____/____/____ ACQUIRED
____/____/____ DISPOSED

NATURE OF INTEREST
- [x] Ownership/Deed of Trust
- [ ] Easement
- [ ] Leasehold _____ Yrs. remaining
- [ ] _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- [ ] $0 - $499
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

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.
- [ ] None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
____/____/____ ACQUIRED
____/____/____ DISPOSED

NATURE OF INTEREST
- [ ] Ownership/Deed of Trust
- [ ] Easement
- [ ] Leasehold _____ Yrs. remaining
- [ ] _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- [ ] $0 - $499
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

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.
- [ ] None

* 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:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% [ ] None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

[ ] Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% [ ] None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

[ ] Guarantor, if applicable

Comments:

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Ashby, Angelique V.

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: City of Sacramento

ADDRESS *(Business Address Acceptable)*: Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Local Government

YOUR BUSINESS POSITION: City Councilmember

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [X] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [X] Salary
- [ ] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Loan repayment
- [ ] Commission or [ ] Rental Income, *list each source of $10,000 or more* _____ *(Describe)*
- [ ] Other _____ *(Describe)*

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: Sutter General Hospital

ADDRESS *(Business Address Acceptable)*: Sacramento, CA 95816

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Health Care

YOUR BUSINESS POSITION: Emergency Room RN

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [X] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [X] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Loan repayment
- [ ] Commission or [ ] Rental Income, *list each source of $10,000 or more* _____ *(Describe)*
- [ ] 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
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

INTEREST RATE: _____% [ ] None

TERM (Months/Years): _____

SECURITY FOR LOAN
- [ ] None
- [ ] Personal residence
- [ ] Real Property _____ *Street address* _____ *City*
- [ ] Guarantor _____
- [ ] Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Ashby, Angelique V.

SCHEDULE D
Income – Gifts

► NAME OF SOURCE (Not an Acronym): Downtown Sacramento Partnership
ADDRESS *(Business Address Acceptable)*: Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: A Downtown Sacramento advocacy group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 06 / 15	$ 100.00	10 Ice Rink Tickets
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

Comments:

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Ashby, Angelique V.

- **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 $460 gift limit, but may result in a disqualifying conflict of interest.**
- **For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.**

► NAME OF SOURCE (Not an Acronym)
eRepublic Governing Institute- Women in Government
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
Folsom, CA 95630
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
The institute focuses on improving state and local government performance
DATE(S): 07 / 24 / 15 - 07 / 25 / 15 *(If gift)* AMT: $ 1,342.80
► MUST CHECK ONE: ☒ Gift -or- ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
► If Gift, Provide Travel Destination La Jolla, CA

► NAME OF SOURCE (Not an Acronym)
eRepublic Governing Institute- Women in Government
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
Folsom, CA 95630
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
The institute focuses on improving state and local government performance
DATE(S): 02 / 07 / 15 - 02 / 08 / 15 *(If gift)* AMT: $ 1,292.54
► MUST CHECK ONE: ☒ Gift -or- ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
► If Gift, Provide Travel Destination Washington D.C.

► NAME OF SOURCE (Not an Acronym)
Rural County Representatives of California
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
Sacramento, CA 95814
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Service organization that champions policies on behalf of California's rural counties
DATE(S): 09 / 22 / 15 - 09 / 23 / 15 *(If gift)* AMT: $ 184.00
► MUST CHECK ONE: ☒ Gift -or- ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
► If Gift, Provide Travel Destination Lake Tahoe, CA

► 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): / / - / / *(If gift)* AMT: $
► MUST CHECK ONE: ☐ Gift -or- ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
► If Gift, Provide Travel Destination

Comments:

City of SACRAMENTO
Office of the City Clerk

Code of Fair Campaign Practices

June 7, 2016 Primary Municipal Election

CITY CLERK'S OFFICE
CITY OF SACRAMENTO
2016 MAR 11 P 4:14

Pursuant to City Code section 1.20, the following Code of Fair Campaign Practices is provided to all candidates, however subscribing to the oath is optional. Be advised that provision 5 below is only applicable if ALL candidates for a particular office subscribe to the oath.

There are basic principles of decency, honesty, and fairness which every candidate for public office in the city of Sacramento has an ethical obligation to observe and uphold, in order that, after vigorously contested, but fairly conducted campaigns, the integrity of the electoral process has been preserved.

Therefore:

(1) I SHALL CONDUCT my campaign openly and publicly, discussing the issues as I see them, presenting my record and policies with sincerity and frankness, and criticizing without fear or favor the record and policies of my opponents which merit such criticism.

(2) I SHALL NOT USE OR PERMIT the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or her or his personal or family life.

(3) I SHALL NOT USE OR PERMIT any appeal to negative prejudice based on race, sex, religion, national origin, physical health, status or age.

(4) I SHALL NOT USE OR PERMIT any dishonest or unethical practices which tend to corrupt or undermine our American system of free elections, or which hamper or prevent the full and free expression of the will of the voters, including acts intended to hinder or prevent any eligible person from registering to vote or voting.

(5) I SHALL provide to my opponents, at the addresses on their Code of Fair Campaign Practices form, and to the city clerk for public inspection, any campaign advertising or communication which directly names or refers to any of my opponents at least eight days prior to dissemination of the advertising or communication by me or my controlled committee.

(6) I SHALL NOT COERCE or permit coercion of my employees to make monetary or non-monetary campaign contributions to me or any other candidate.

(7) I SHALL IMMEDIATELY AND PUBLICLY REPUDIATE any support from any individual or group which resorts, on behalf of my candidacy or in opposition to any opponent, to the methods and tactics which I condemn. I shall promptly redress and accept responsibility for a violation of any provision of this Code or the laws governing elections by any subordinate or by my controlled committee.

(8) I SHALL DEFEND AND UPHOLD the right of every qualified voter to full and equal participation in the electoral process.

(9) I SHALL clearly identify myself or my controlled committee as the sender of any and all campaign advertising to be mailed.

I, the undersigned, candidate for election to public office in the city of Sacramento or treasurer or chair of a committee making any independent expenditures, hereby voluntarily endorse, subscribe to, and solemnly pledge to conduct my campaign in accordance with the above principles and practices.

Signature: _____ Date: 3/11/16

Campaign Address: [redacted]