City of SACRAMENTO
Office of the City Clerk

Mayoral Candidate

Candidate Name
Darrell Steinberg

Ballot Designation
Attorney

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

2016 MAR 10 P 3:02

Name of Candidate: **Darrell Steinberg**
Office Sought: **MAYOR**
Age (*optional*): 57
Occupation: Attorney/Health Advocate

☐ I do not wish to submit a candidate statement.

Signature: _____ Date: _____

Candidate Statement (200 word limit):

I've served our community for over 20 years, as President of the Tahoe Park Neighborhood Association, Sacramento City Councilmember, Assemblymember and State Senate President. I understand the level of attention our neighborhoods need to flourish and thrive. We must reverse cuts to neighborhood policing, parks and recreation, other vital services, and build a stronger connection between city hall and our neighborhoods.

The only way to afford greater investments in our neighborhoods is to continue building a private sector high-wage tax base and help our local businesses grow. We want this generation and future generations to choose Sacramento to work and to live.

I am committed to making sure our children have the skills they need to compete. It starts with preschool and its bookend is career pathway high schools, with a curriculum linking our youth to jobs in the 21st century economy.

For issues like homelessness, I reject the notion there is nothing we can do. As Mayor, I intend to leverage state mental health funding to build permanent supportive housing in Sacramento, helping people end the cycle of homelessness for good. I have the experience, reach and accomplishments to lead our great city. It's all about Sacramento!

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*

City of SACRAMENTO
Office of the City Clerk

Candidate Statement Form

June 7, 2016 Primary Municipal Election

X I am submitting the fee of $2,150.00 and the *Manner of Payment Form* with my statement **OR**

☐ 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
Office of the City Clerk

RECEIVED
CITY OF SACRAMENTO
2016 MAR 10 P 3:02

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: **Darrell Steinberg**
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: **Jason Kinney, 916-806-2719**

Campaign Manager: **Kelly Rivas**
Campaign Address: **6760 Folsom Blvd, Suite 100, Sacramento, CA 95819**
Campaign Phone #: **916-588-4078**
Campaign E-mail: **Kelly@Steinberg4Sac.com**
Campaign Website: **Steinberg4Sac.com**

OPTIONAL Information

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

Birth Date: **10/15/59** Place of Birth: **San Francisco**

Years Lived in Sacramento: **31** Formerly of: **Millbrae, CA**

Name of Spouse: **Julie Steinberg** Occupation: **Attorney/Health Advocate**

Education & Training:
J.D., University of California at Davis School of Law, 1984
B.A., University of California at Los Angeles, 1981

Service Record:
Sacramento City Councilmember, 1992-1998
State Assemblymember, 1998-2004
State Senator, 2006-2014
Senate President pro Tem, 2008-2014

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

Please contact my campaign for the complete list: 916-588-4078

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

RECEIVED
CITY CLERK'S OFFICE
CITY OF SACRAMENTO
2016 MAR 10 P 3:02

Please type or print in ink.

NAME OF FILER (LAST): Steinberg
(FIRST): Darrell
(MIDDLE):

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*: City of Sacramento

Division, Board, Department, District, if applicable: City Council

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: Mayor

4. Schedule Summary (must complete) ▶ *Total number of pages including this cover page:* 7

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: [redacted]

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 3/10/16 *(month, day, year)*

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

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: Steinberg, Darrell

▶ NAME OF BUSINESS ENTITY: Greenberg Traurig LLP

GENERAL DESCRIPTION OF THIS BUSINESS: Law Firm

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

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [x] Partnership
  - ○ Income Received of $0 - $499
  - ● Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 15 ACQUIRED ___/___/ 15 DISPOSED

▶ NAME OF BUSINESS ENTITY: _____

GENERAL DESCRIPTION OF THIS BUSINESS: _____

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

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 15 ACQUIRED ___/___/ 15 DISPOSED

▶ NAME OF BUSINESS ENTITY: _____

GENERAL DESCRIPTION OF THIS BUSINESS: _____

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

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 15 ACQUIRED ___/___/ 15 DISPOSED

▶ NAME OF BUSINESS ENTITY: _____

GENERAL DESCRIPTION OF THIS BUSINESS: _____

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

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 15 ACQUIRED ___/___/ 15 DISPOSED

▶ NAME OF BUSINESS ENTITY: _____

GENERAL DESCRIPTION OF THIS BUSINESS: _____

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

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 15 ACQUIRED ___/___/ 15 DISPOSED

▶ NAME OF BUSINESS ENTITY: _____

GENERAL DESCRIPTION OF THIS BUSINESS: _____

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

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 15 ACQUIRED ___/___/ 15 DISPOSED

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Steinberg, Darrell

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
[redacted]

CITY
Sacramento, CA 95820

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☑ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/15 ACQUIRED
__/__/15 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

Zachary Taylor

► 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:
__/__/15 ACQUIRED
__/__/15 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
Steinberg, Darrell

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Greenberg Traurig LLP

ADDRESS *(Business Address Acceptable)*
[redacted]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

YOUR BUSINESS POSITION
Partner/Attorney

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☑ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ 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
Temple B'Nai Israel

ADDRESS *(Business Address Acceptable)*
[redacted]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Religious Institution

YOUR BUSINESS POSITION
N/A

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☑ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ 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)*

▶ 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: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Steinberg, Darrell

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Sacramento Kings

ADDRESS *(Business Address Acceptable)*
One Sports Parkway, Sacramento, CA 95834

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Basketball Team

YOUR BUSINESS POSITION
Attorney

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☑ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ 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 Legal and consulting services rendered *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ 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)*

▶ 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
Steinberg, Darrell

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Nar Bustamante
ADDRESS *(Business Address Acceptable)*
[redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Carpentry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/26/16	$114.00	Kings Ticket
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Scottish Council for Development and Industry
ADDRESS *(Business Address Acceptable)*
[redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Economic Development Nonprofit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/21/15	$146.14	Rugby Ticket
/ /	$	
/ /	$	

► 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
Steinberg, Darrell

- **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)*
Didi Hirsch Mental Health Services

ADDRESS *(Business Address Acceptable)*
[redacted]

CITY AND STATE
[redacted]

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

DATE(S): 04/23/15 - 04/24/15 *(If gift)* AMT: $ 1,446.61

► MUST CHECK ONE: ☑ Gift -or- ☐ Income

○ Made a Speech/Participated in a Panel

◉ Other - Provide Description
Mental Health Awards Ceremony

► If Gift, Provide Travel Destination
Los Angeles

► 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

► 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

► 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

2016 MAR 10 P 3:02

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: 3/10/16

Campaign Address: [redacted]