

City of  
**SACRAMENTO**

Office of the City Clerk

District 8 Candidate

Candidate Name

**Larry Carr**

Ballot Designation

**SMUD Director**



**Nomination Documents Attached**

*Nomination Petitions are viewable in the City Clerk's Office*

1. Candidate Statement Form
2. Biographical Form
3. Statement of Economic Interest Form 700
4. *No Code of Fair Campaign Practices submitted*

# Candidate Statement Form

November 4, 2014 Special Municipal Election

Name of Candidate: LARRY CARR  
Office Sought: DISTRICT 8  
Age (optional): \_\_\_\_\_  
Occupation: Director

2014 JUL 14 P 4:56  
OFFICE OF THE CITY CLERK  
CITY OF SACRAMENTO

I do not wish to submit a candidate statement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Candidate Statement (200 word limit):

I am a member of the SMUD Board of Directors and Executive Director of the Florin Road Partnership. I hold a Master of Business Administration from UCLA and I am a retired U.S. Army Lieutenant Colonel.

I have lived in District 8 for over 25 years. As Executive Director of the Florin Road Partnership, I have worked with the business community to create jobs. Because of my past work, Councilmember Bonnie Pannell encouraged me to run as her replacement and she is endorsing my candidacy.

I want to serve on the City Council to enhance my capacity to make Sacramento a better place to live and work and to insure that District 8 continues to have a voice in City Hall.

I will make sure that City services are efficient and customer focused; that our neighborhoods are safe; that our children get the education they deserve; and that there are programs for young people after school and during the summers.

I will work to create South Area jobs as the city undertakes the completion of the arena, the South Line extension of Light Rail, the completion of the I-5 Freeway interchange and the development of the Delta Shores project.

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 **\$400.00** 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.

# Candidate Statement Form

November 4, 2014 Special Municipal Election

*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: Lawrence R. Cas

Date: July 14, 2014

*The Biographical Form is an opportunity for candidates to share addition 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: **LARRY CARR**  
Office Sought: **DISTRICT 8**

**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: **(Sam Walton)**

Campaign Manager: **Sam Walton**  
Campaign Address: **P.O. Box 232913**  
Campaign Phone #: **916-422-1993**  
Campaign E-mail: **[larrycarr@carrforcitycouncil.com](mailto:larrycarr@carrforcitycouncil.com)**  
Campaign Website: **[www.carrforcitycouncil.com](http://www.carrforcitycouncil.com)**

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OF THE CITY CLERK  
SACRAMENTO

**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: \_\_\_\_\_ Formerly of: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Occupation: \_\_\_\_\_

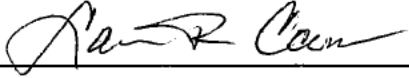
Education & Training: \_\_\_\_\_

Service Record: \_\_\_\_\_

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

Hobbies:

*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: July 14, 2014

**COVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
LARRY CARR  
2014 JUL 14 P 4:56

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

CITY OF SACRAMENTO

Division, Board, Department, District, if applicable

City Councilmember

Your Position

District 8

► 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, 2013, through December 31, 2013.  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2013.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)
  - The period covered is January 1, 2013, through the date of leaving office.
  - The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate:** Election year 2014 and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

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

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 July 14, 2014  
(month, day, year)

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



**SCHEDULE D**  
**Income – Gifts**

Name  
**LARRY CARR**

▶ NAME OF SOURCE *(Not an Acronym)*  
**Integrgraph**

ADDRESS *(Business Address Acceptable)*  
**19 Interpro Road, Madison, AL**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Engineering**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 28 / 14	\$ 178.30	Dinner Meeting
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: \_\_\_\_\_