

## Candidate Information

March 5, 2024 Municipal Election



Statement:

Flojaune "Flo" Cofer Candidate Name:

Office Sought: City of Sacramento Mayor Ballot Designation: **Public Health Professional** 

Code of Fair Campaign Practices: ⊠ Yes □ No

Candidate Statement: ⊠ Yes □ No

FPPC Form 700: attached

FPPC Campaign Filing Documents: link to filings online

Public Health Professional Occupation:

> Why should we trust the people who got Sacramento into this mess to get us out? I'm tired of politicians serving their corporate donors and abandoning the public, so my peoplepowered campaign rejects corporate PAC money. As a public health expert and four-term chair of the Measure U committee, I'll provide the leadership needed to solve our homelessness and housing crisis, make our streets safer, and create quality jobs while protecting our climate.

At the Department of Public Health, I built coalitions to expand women's health coverage, and decreased infant mortality statewide. I'm an epidemiologist with a PhD in Public Health. For years I've advocated for bold action on housing and workers rights. I'm endorsed by labor unions, small business owners, progressive leaders, and community groups.

My parents were public school teachers and union members. They taught me to fight for our community. I lost my dad at age eleven. He started smoking when Big Tobacco lobbyists lied about the dangers. Since then I've dedicated my life to passing policies that help us live longer and healthier lives.

Sacramento needs new leadership. Let's build a city where everyone can thrive. Join our movement at www.floformayor.com.

Campaign Website: http://floformayor.com

3810 Broadway, Sacramento, CA 95817 Campaign Address:

Campaign Phone Number: 916-245-0355 Campaign Manager: Jeff Rousset

Campaign Manager Email: Jeff@FloForMayor.com Campaign Media Email: Info@FloForMayor.com

(Campaign information is provided by the candidate, the Office of the City Clerk does not validate the information provided.)

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

RCUD CITY CLERK OFFICE Date Filing Official Use Only

A PUBLIC DOCUMENT

Ple	ease type or print in ink.					
	AME OF FILER (LAST) (FIRST)		(MIDDLE)			
C	ofer Flojaune		Griffin			
1.	Office, Agency, or Court					
	Agency Name (Do not use acronyms)					
Office of the Mayor						
	Division, Board, Department, District, if ap	plicable	Your Position			
	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)					
	Agency:		Position:			
2.	urisdiction of Office (Check at least one box)					
	State		Judge, Retired (Statewide Jurise		dge, or Court Commissioner	
	Multi-County	Multi-County		County of		
	City of Sacramento		Other			
3.	Type of Statement (Check at least one box)					
/	Annual: The period covered is Janu December 31, 2022.	ary 1, <b>2022,</b> through	Leaving Office	e: Date Left (Check one		
	The period covered is December 31, 2022.	/, through	☐ The period leaving offic -or-		, 1, 2022, through the date of	
	Assuming Office: Date assumed		The period the date of	covered is/. leaving office.	, through	
	Candidate: Date of Election 03/05/2024 and office sought, if different than Part 1:					
4.	Schedule Summary (required)	nedule Summary (required) Total number of pages including this cover page: 1				
	Schedules attached		, ,	, 0		
Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions					Positions – schedule attached	
Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached				attached		
Schedule B - Real Property – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule					ments - schedule attached	
-or- None - No reportable interests on any schedule						
5. Verification						
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY		STATE	ZIP CODE	
	3810 Broadway		amento	CA	95817	
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		30017	
	(916 ) 245-0355		info@floformayor.	com		
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information conherein 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  12, 05, 2023  Signature  File the originally signed paper statement with your filing official.)					
24030	(monar, day, year)		Trie the o	ngmany signed paper state	ment with your ning official.)	