



Candidate Name: Kevin McCarty
Office Sought: City of Sacramento Mayor
Ballot Designation: Assemblymember/Father
Code of Fair Campaign Practices: Yes No
Candidate Statement: Yes No
FPPC Form 700: attached
FPPC Campaign Filing Documents: [link to filings online](#)

Occupation: Assemblymember/Father

Statement: I understand firsthand how public programs can help working families. Growing up in Sacramento, I watched my mom struggle to raise four children alone. Subsidized childcare and after-school sports programs kept us safe, allowing my mother to go to work and finish college. Memories of her obstacles and success guide me today as I run for Mayor. Sacramento is facing serious challenges, but I am not quitting on our great city. The next generation, including my twin daughters, is counting on us to ensure safe neighborhoods, protect our environment, create good jobs, and provide affordable housing options for everyone, not just the few.

I know that tackling our biggest problems like homelessness can be solved with the right leadership and policies. We need to act with more urgency clearing our sidewalks and getting people off the streets — with emergency shelter, services and treatment and pathways to permanent housing.

My experience as a Housing and Redevelopment Commissioner, City Councilmember and State Assemblymember prepares me for this critical time in our city. I'd be honored to earn your vote and be your Mayor. Please contact me and learn more about my campaign at www.mccartyformayor.com

Campaign Website: <https://www.mccartyformayor.com>
Campaign Address: 1809 S Street #101-368, Sacramento, CA 95811
Campaign Email: Info@mccartyformayor.com
Campaign Manager: Andrew Acosta
Campaign Media Email: Info@mccartyformayor.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
A PUBLIC DOCUMENT

Filed Date: 12/07/2023 10:49 AM
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
McCarty Kevin M

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Sacramento

Division, Board, Department, District, if applicable

Your Position

Mayor

► 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 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Sacramento Other _____

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

- Annual: The period covered is January 1, 2022, through December 31, 2022. Leaving Office: Date Left ____/____/____ (Check one circle.)
- or- The period covered is ____/____/____, through December 31, 2022. The period covered is January 1, 2022, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election 03/05/2024 and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 9

Schedules attached

- Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached
- Schedule B - Real Property – 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)
915 I St Fl 5, City Clerks Office Sacramento CA 95814-2613
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(916) 808-7200 Kevin.McCarty@asm.ca.gov

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 12/07/2023 10:49 AM
(month, day, year)

Signature Kevin M McCarty
(File the originally signed paper statement with your filing official.)

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
Kevin McCarty

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

 CITY
Sacramento, CA 95811

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/_____
 \$10,001 - \$100,000 _____/_____/_____
 \$100,001 - \$1,000,000 _____/_____/_____
 Over \$1,000,000 _____/_____/_____

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
SEE ATTACHED

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

 CITY
Sacramento, CA 95816

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/_____
 \$10,001 - \$100,000 _____/_____/_____
 \$100,001 - \$1,000,000 _____/_____/_____
 Over \$1,000,000 _____/_____/_____

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
SEE ATTACHED

* You are not required to report loans from a commercial lending institution 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 _____ TERM (Months/Years) _____
 _____% None

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 _____ TERM (Months/Years) _____
 _____% None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE B

Attachment

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Kevin McCarty</u>

ASSESSOR PARCEL NUMBER OR STREET ADDRESS : [REDACTED]

LIST OF SOURCES OF RENTAL INCOME OF \$10,000 OR MORE	
1911:	[REDACTED]
1913:	[REDACTED]

ASSESSOR PARCEL NUMBER OR STREET ADDRESS : APN: [REDACTED]

LIST OF SOURCES OF RENTAL INCOME OF \$10,000 OR MORE	
3815:	[REDACTED]
3815:	[REDACTED]
3013:	[REDACTED]

SCHEDULE D
Income – Gifts

Name
Kevin McCarty

▶ NAME OF SOURCE *(Not an Acronym)*
California Democratic Party
 ADDRESS *(Business Address Acceptable)*
1830 9th Street, Sacramento, CA 95811
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 11 / 23</u>	<u>\$ 80.93</u>	<u>Meal</u>
<u>01 / 12 / 23</u>	<u>\$ 66.63</u>	<u>Meal</u>
<u>04 / 18 / 23</u>	<u>\$ 66.14</u>	<u>Meal</u>

▶ NAME OF SOURCE *(Not an Acronym)*
California Democratic Party
 ADDRESS *(Business Address Acceptable)*
1830 9th Street, Sacramento, CA 95811
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 29 / 23</u>	<u>\$ 72.83</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Speaker 2023 Inaugural Fund
 ADDRESS *(Business Address Acceptable)*
2102 Business Center Dr., Suite 130, Irvine, CA 95612
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 29 / 23</u>	<u>\$ 103.86</u>	<u>Reception/Meal</u>
<u>06 / 30 / 23</u>	<u>\$ 85.94</u>	<u>Personalized engraved box</u>
<u>06 / 30 / 23</u>	<u>\$ 97.14</u>	<u>Reception/Meal</u>

▶ NAME OF SOURCE *(Not an Acronym)*
Speaker 2023 Inaugural Fund
 ADDRESS *(Business Address Acceptable)*
2102 Business Center Dr., Suite 130, Irvine, CA 95612
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 30 / 23</u>	<u>\$ 44.60</u>	<u>Reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
California Legislative Black Caucus Policy Institute
 ADDRESS *(Business Address Acceptable)*
777 Figueroa Street, Suite 4050, Los Angeles, CA 90017
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 20 / 23</u>	<u>\$ 319.65</u>	<u>Gift Bag</u>
<u>10 / 20 / 23</u>	<u>\$ 144.00</u>	<u>Spa Gift Bag</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Rendon for Assembly 2022
 ADDRESS *(Business Address Acceptable)*
16633 Ventura Blvd, Suite 1008, Los Angeles, CA 91436
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Candidate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 04 / 23</u>	<u>\$ 271.96</u>	<u>Reception/Meal</u>
<u>01 / 06 / 23</u>	<u>\$ 64.00</u>	<u>Gift Basket</u>
<u>03 / 27 / 23</u>	<u>\$ 46.60</u>	<u>Meal</u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Kevin McCarty

▶ NAME OF SOURCE *(Not an Acronym)*
ICEX Espana Exportacion e Inversiones, E.P.E.
 ADDRESS *(Business Address Acceptable)*
Paseo de la Castellana 278, 28046 Madrid, Spain
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 08 / 23</u>	<u>\$ 35.75</u>	<u>Meal</u>
<u>05 / 11 / 23</u>	<u>\$ 87.55</u>	<u>Meal</u>
<u>05 / 12 / 23</u>	<u>\$ 53.19</u>	<u>Meal</u>

▶ NAME OF SOURCE *(Not an Acronym)*
California State Council of Laborers
 ADDRESS *(Business Address Acceptable)*
555 Capitol Mall, Suite 400
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 07 / 23</u>	<u>\$ 115.32</u>	<u>Reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
California Forestry Association
 ADDRESS *(Business Address Acceptable)*
500 Capitol Mall, Suite 2360
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 21 / 23</u>	<u>\$ 265</u>	<u>"MVP" carved and lasered bat</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
California Jewish Legislative Caucus Leadership Foundation
 ADDRESS *(Business Address Acceptable)*
777 S. Figueroa Street, Suite 4050, Los Angeles, CA 90017
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 15 / 23</u>	<u>\$ 184.90</u>	<u>Vest/Apparel</u>
<u>01 / 31 / 23</u>	<u>\$ 25.69</u>	<u>Reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Viejas Band of Kumeyaay Indians
 ADDRESS *(Business Address Acceptable)*
5000 Willows Road, Alpine, CA 91901
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 22 / 23</u>	<u>\$ 189.0</u>	<u>Dinner and hotel</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

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

Name
Kevin McCarty

- 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. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
ICEX Espana Exportacion e Inversiones, E.P.E.

ADDRESS (Business Address Acceptable)
Paseo de la Castellana 278, 28046

CITY AND STATE
Madrid, Spain

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Spanish Government Agency on Tourism and Trade

DATE(S): 05 / 08 / 23 - 05 / 12 / 23 AMT: \$ 212.98
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description SEE ATTACHED

▶ If Gift, Provide Travel Destination Spain - Barcelona, Toledo, and Madrid

▶ NAME OF SOURCE (Not an Acronym)
Foundation for California's Technology and Innovation Economy

ADDRESS (Business Address Acceptable)
777 S. Figueroa Street, Suite 4050

CITY AND STATE
Los Angeles, CA 90017

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Energy and environment foundation

DATE(S): 11 / 09 / 23 - 11 / 10 / 23 AMT: \$ 1189
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description SEE ATTACHED

▶ If Gift, Provide Travel Destination Napa, CA

▶ NAME OF SOURCE (Not an Acronym)
California Competes: Higher Education for a Strong Economy

ADDRESS (Business Address Acceptable)
1300 Clay St. Suite 1020

CITY AND STATE
Oakland, CA 94612

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Higher education non-profit foundation

DATE(S): 01 / 19 / 23 - 01 / 20 / 23 AMT: \$ 1049
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description SEE ATTACHED

▶ If Gift, Provide Travel Destination Sonoma, CA

▶ NAME OF SOURCE (Not an Acronym)
Smart Justice California

ADDRESS (Business Address Acceptable)
2500 Steiner Street #8

CITY AND STATE
San Francisco, California 94115

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Criminal justice advocacy group

DATE(S): 02 / 02 / 23 - 02 / 04 / 23 AMT: \$ 1928.54
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description SEE ATTACHED

▶ If Gift, Provide Travel Destination San Diego, CA

Comments: _____

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

Name
Kevin McCarty

- 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. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
Early Edge, a project of New Venture Fund

ADDRESS (Business Address Acceptable)
1828 L Street NW, Suite 300-A

CITY AND STATE
Washington, DC 20036

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Early education advocacy organization

DATE(S): 10 / 23 / 23 - 10 / 27 / 23 AMT: \$ 3366.47
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
SEE ATTACHED

▶ If Gift, Provide Travel Destination _____
Boston, MA and Newark, NJ

▶ NAME OF SOURCE (Not an Acronym)
San Diego State University/San Diego State University Research Foundation

ADDRESS (Business Address Acceptable)
5250 Campanile Drive

CITY AND STATE
San Diego, CA 92182

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
University/Higher Education Institution

DATE(S): 03 / 30 / 23 - 04 / 02 / 23 AMT: \$ 523.11
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
SEE ATTACHED

▶ If Gift, Provide Travel Destination _____
Oaxaca, Mexico

▶ 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): ____/____/____ - ____/____/____ AMT: \$ _____
 (If gift)

▶ 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): ____/____/____ - ____/____/____ AMT: \$ _____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

SCHEDULE E

Attachment

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Kevin McCarty

NAME OF SOURCE : San Diego State University/San Diego State University Research Foundation

NAME OF SOURCE : ICEX Espana Exportacion e Inversiones, E.P.E.

Other - Provide Description

In-country transportation (delegation bus transfers)

NAME OF SOURCE : California Competes: Higher Education for a Strong Economy

Other - Provide Description

Hotel room, meals, supplies, and transportation to attend policy institute conference.

NAME OF SOURCE : Foundation for California's Technology and Innovation Economy

Other - Provide Description

Travel and accommodation payments to attend technology summit/conference

NAME OF SOURCE : Smart Justice California

Other - Provide Description

Hotel accommodations, meals, and transportation to attend retreat and policy summit.

NAME OF SOURCE : Early Edge, a project of New Venture Fund

Other - Provide Description

Round trip flights, hotel accommodations, ground transportation, and meals to attend an Early Childhood Education policy tour.

NAME OF SOURCE : San Diego State University/San Diego State University Research Foundation

SCHEDULE E

Attachment

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Kevin McCarty</u>

Other - Provide Description

Transportation and meals during higher education policy trip.