



Please type or print in ink. 11 APR -7 PM 3:59

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

1. Office, Agency, or Court

Agency Name City of Sonoma
Division, Board, Department, District, if applicable _____ Your Position Council member

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of Sonoma
- Judge (Statewide Jurisdiction)
- County of _____
- Other _____

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

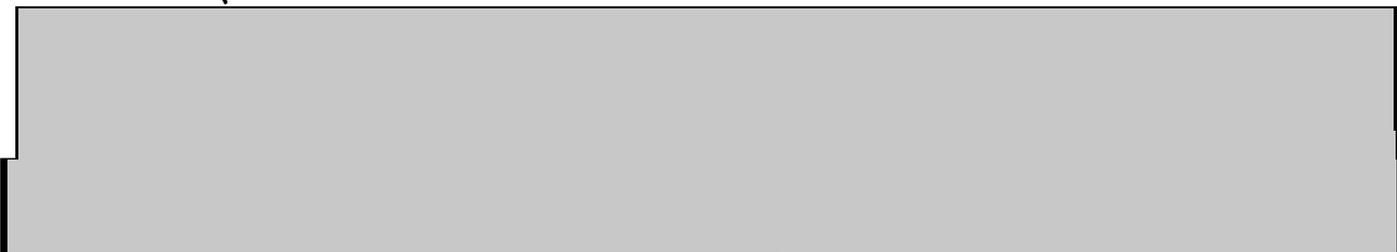
- Annual: The period covered is January 1, 2010, through December 31, 2010.
-or-
The period covered is ____/____/____, through December 31, 2010.
- Assuming Office: Date ____/____/____
- Candidate: Election Year _____ Office sought, if different than Part 1: _____
- Leaving Office: Date Left ____/____/____ (Check one)
 - The period covered is January 1, 2010, through the date of leaving office.
 - The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

- 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



herein and in any attached schedules is true and complete. I acknowledge this is
I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-31-11
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
Sonoma International Film Festival
 ADDRESS (Business Address Acceptable)
103 E. Napas St Suite A, Sonoma CA 95476
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, , 10</u>	<u>\$ 200</u>	<u>tickets</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Sonoma Jazz + Aspen
 ADDRESS (Business Address Acceptable)
110 East Hallum, #104 CO 81611
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5, , 10</u>	<u>\$ 300</u>	<u>tickets</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____