

Please type or print in ink.

COVER PAGE RECEIVED
FAIR POLITICAL PRACTICES COMMISSION RECEIVED

NAME OF FILER (LAST) Rohan (FIRST) Susan (MIDDLE) 2013 APR 15 PM 3:59 AM 8:30

1. Office, Agency, or Court

CITY CLERK DEPARTMENT
ROSEVILLE, CA

Agency Name

City Council of Roseville

MAYOR
Your Position

Division, Board, Department, District, if applicable

TP

► 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 Roseville
- 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, 2012, through December 31, 2012.
- or-
- The period covered is _____ through December 31, 2012.
- Assuming Office: Date assumed 12, 10, 12
Council member to Mayor
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- The period covered is _____ through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

- 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

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed 02-21-13
(month, day, year)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST

Name Rohan Consulting
 Address (Business Address Acceptable) 1921 Eagle Glen Dr Roseville 95661
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Public Affairs Consulting

FAIR MARKET VALUE
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____ / _____ / 12 _____ / _____ / 12
 ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other _____

YOUR BUSINESS POSITION owner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None
1. Placer County Association of Realtors

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 12 _____ / _____ / 12
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: none

▶ 1. BUSINESS ENTITY OR TRUST

Name _____
 Address (Business Address Acceptable) _____
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____ / _____ / 12 _____ / _____ / 12
 ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other _____

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 12 _____ / _____ / 12
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Susan Rohan

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
212 Halley Glen
CITY Roseville CA 95678

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

IF APPLICABLE, LIST DATE:
 ACQUIRED 1/12 DISPOSED 11/11/12

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
took no income from rental property co-owned with stepdaughter

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
2932 Alder Point Dr
CITY Roseville CA 95661

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

IF APPLICABLE, LIST DATE:
 ACQUIRED 1/12 DISPOSED 1/12

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
Joe Berry

* 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 _____ 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 D
Income - Gifts

Name
SUSAN Rohan

page 1 of 2

▶ NAME OF SOURCE (Not an Acronym)
INNOVA Vernon LP

ADDRESS (Business Address Acceptable)
224 VERNON St Ste 210 Roseville

BUSINESS ACTIVITY, IF ANY, OF SOURCE
restaurant owner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/15/12</u>	<u>\$ 140⁰⁰</u>	<u>two tickets for restaurant opening and concert</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Westpark Associates

ADDRESS (Business Address Acceptable)
1700 Eureka Road Roseville CA 95661

BUSINESS ACTIVITY, IF ANY, OF SOURCE
land developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/27/12</u>	<u>\$ 50⁰⁰</u>	<u>two tickets for breast cancer fund-raiser</u>
<u>12/13/12</u>	<u>\$ 97⁰⁰</u>	<u>Holiday basket</u>
<u>11/15/12</u>	<u>\$ 107.25</u>	<u>Flower arrange ment</u>

▶ NAME OF SOURCE (Not an Acronym)
Kaiser Permanente

ADDRESS (Business Address Acceptable)
1600 Eureka Road Roseville CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare chamber of commerce events

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/8/12</u>	<u>\$ 120⁰⁰</u>	<u>Chamber Splash fundraiser - 2 tickets</u>
___/___/___	\$ _____	_____
<u>11/17/12</u>	<u>\$ 217⁰⁰</u>	<u>Chamber Board retreat group dinner</u>

▶ NAME OF SOURCE (Not an Acronym)
North State BIA

ADDRESS (Business Address Acceptable)
1536 Eureka Road Roseville CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Membership assoc. for blders

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/18/12</u>	<u>\$ 150⁰⁰</u>	<u>2 Installation dinner tickets</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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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 D
Income - Gifts

Name
Susan Rohan

page 2 of 2

▶ NAME OF SOURCE (Not an Acronym)
Meyers NAVE
ADDRESS (Business Address Acceptable)
555 CAPITOL MALL Sacramento CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE - Attorney
League of Cities group dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 6, 12</u>	<u>\$ 65⁰⁰</u>	<u>group dinner</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Carpenters LOCAL 46 Brian Vlahos
ADDRESS (Business Address Acceptable)
4421 Pellor Drive Sacramento CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
beaver union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 28, 12</u>	<u>\$ 80⁰⁰</u>	<u>2 Tickets Tommy Apostolos Charitable fundraiser</u>
<u>8, 9, 12</u>	<u>\$ 50⁰⁰</u>	<u>golf game</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Kronick Moskowitz Tiedemann & Girard
ADDRESS (Business Address Acceptable) - Attorney
400 Capitol Mall Sacramento CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3, 28, 12</u>	<u>\$ 75⁰⁰</u>	<u>ticket Kings Basketball</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
SPCA - Roseville
ADDRESS (Business Address Acceptable)
150 Corporation Yard Road Roseville CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE - animal care
fundraising event & auction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 17, 12</u>	<u>\$ 75⁰⁰</u>	<u>dinner</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Surewest Political Action Committee
ADDRESS (Business Address Acceptable)
% Tom Hiltachk, Bell, McAndrews & Hiltachk
BUSINESS ACTIVITY, IF ANY, OF SOURCE communications
455 CAPITOL MALL SACRAMENTO CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 30, 12</u>	<u>\$ 200</u>	<u>tickets to congressional fundraiser</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
UNION PACIFIC RAILROAD
ADDRESS (Business Address Acceptable)
915 L. Street Ste 1180 Sacramento
BUSINESS ACTIVITY, IF ANY, OF SOURCE transportation
League of Cities group dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 28, 12</u>	<u>\$ 61.67</u>	<u>centennial celebr.</u>
<u>9, 5, 12</u>	<u>\$ 70.00</u>	<u>League group dinner</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

Comments: _____