

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

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CITY OF SANTA ROSA  
CITY CLERK



Please type or print in ink.

NAME OF FILER (LAST) SWINTH (FIRST) ROBIN (MIDDLE) M

1. Office, Agency, or Court

Agency Name (Do not use acronyms) CITY OF SANTA ROSA

Division, Board, Department, District, if applicable CITY COUNCIL Your Position VICE-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)

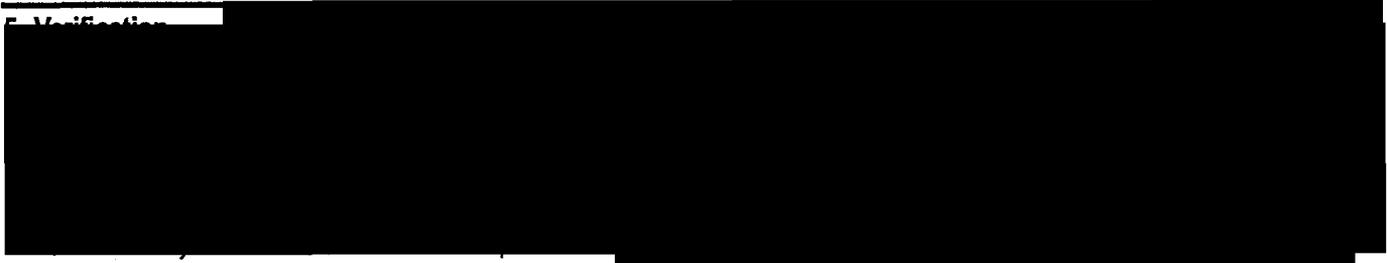
- State
Multi-County
City of SANTA ROSA
Judge or Court Commissioner (Statewide Jurisdiction)
County of
Other

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
Candidate: Election year and office sought, if different than Part 1:
Leaving Office: Date Left
The period covered is January 1, 2013, through the date of leaving office.
The period covered is through the date of leaving office.

4. Schedule Summary

- Check applicable schedules or "None."
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
None - No reportable interests on any schedule



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

Date Signed 2/26/14 (month, day, year)

**SCHEDULE A-1**

**Investments**

**Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 Name \_\_\_\_\_

▶ NAME OF BUSINESS ENTITY  
AGILENT TECHNOLOGIES  
 GENERAL DESCRIPTION OF THIS BUSINESS  
TECHNOLOGY COMPANY  
 FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000  
 NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)  
 IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/13    \_\_\_\_\_/\_\_\_\_\_/13  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
 \_\_\_\_\_  
 GENERAL DESCRIPTION OF THIS BUSINESS  
 \_\_\_\_\_  
 FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000  
 NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)  
 IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/13    \_\_\_\_\_/\_\_\_\_\_/13  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
HEWLETT-PACKARD  
 GENERAL DESCRIPTION OF THIS BUSINESS  
TECHNOLOGY COMPANY  
 FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000  
 NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)  
 IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/13    \_\_\_\_\_/\_\_\_\_\_/13  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
 \_\_\_\_\_  
 GENERAL DESCRIPTION OF THIS BUSINESS  
 \_\_\_\_\_  
 FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000  
 NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)  
 IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/13    \_\_\_\_\_/\_\_\_\_\_/13  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
PFIZER INC  
 GENERAL DESCRIPTION OF THIS BUSINESS  
PHARMACEUTICAL COMPANY  
 FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000  
 NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)  
 IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/13    \_\_\_\_\_/\_\_\_\_\_/13  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
 \_\_\_\_\_  
 GENERAL DESCRIPTION OF THIS BUSINESS  
 \_\_\_\_\_  
 FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000  
 NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)  
 IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/13    \_\_\_\_\_/\_\_\_\_\_/13  
 ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_

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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

**1. BUSINESS ENTITY OR TRUST**

Name ACCESS INGENUITY

Address (Business Address Acceptable) 3635 MONTGOMERY DR.

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

SALES & CONSULTING

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$0 - \$1,999                                      / / 13                      / / 13

\$2,000 - \$10,000                                      ACQUIRED                      DISPOSED

\$10,001 - \$100,000

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION Passive Partner

**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

CALIFORNIA DEPT OF  
REHABILITATION, SANTA ROSA  
OFFICE

**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                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                                      / / 13                      / / 13

\$10,001 - \$100,000                                      ACQUIRED                      DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

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: \_\_\_\_\_

**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 THIS BUSINESS**

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$0 - \$1,999                                      / / 13                      / / 13

\$2,000 - \$10,000                                      ACQUIRED                      DISPOSED

\$10,001 - \$100,000

\$100,001 - \$1,000,000

Over \$1,000,000

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                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                                      / / 13                      / / 13

\$10,001 - \$100,000                                      ACQUIRED                      DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

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 D**  
**Income - Gifts**

Name \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
SONOMA COUNTY FAIR BOARD  
 ADDRESS (Business Address Acceptable)  
1350 Bennett Valley Rd, Santa Rosa  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE CA 95404

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7, 28, 13</u>	<u>\$ 50</u>	<u>2 tickets + parking</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)  
Susan Gorin  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2, 1, 13</u>	<u>\$ 150</u>	<u>One ticket to Roseland University Prep Fundraiser</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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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: \_\_\_\_\_