

RECEIVED
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Official Use Only
MAR 10 2014
Town of Ross

Please type or print in ink.

NAME OF FILER
2014 MAR 21 PM 2:19
(LAST) Brekhus (FIRST) Elizabeth (MIDDLE) Anne

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Ross Town Council Council Member
Division, Board, Department, District, if applicable Your Position

► 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 Ross
- 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 _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2013, 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: _____
- 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



I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/10/14
(month, day, year)

**SCHEDULE D
Income - Gifts**

Name _____

▶ NAME OF SOURCE (Not an Acronym)
Marin Sanitary ^{Service} ~~Agency~~
ADDRESS (Business Address Acceptable)
recycling
BUSINESS ACTIVITY, IF ANY, OF SOURCE San Rafael, CA
535 Jacoby Street Apt 94941
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12/21/13 \$ 65 basket, CD, towel,
food items

▶ NAME OF SOURCE (Not an Acronym)
Marin Professional Firefighters
ADDRESS (Business Address Acceptable)
PO Box 15 Fairfax CA 94978
BUSINESS ACTIVITY, IF ANY, OF SOURCE
10/8/13 \$ 75 fire hat

▶ 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)

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ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

Comments: _____