

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

Date Received Official Use Only

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MAR 18 2014

NAME OF FILER (LAST) (FIRST) (MIDDLE) Colin Catherine Time: City Clerk's Office City of San Rafael

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of San Rafael

Division, Board, Department, District, if applicable

Your Position

City Council

Councilmember

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: San Rafael Successor Agency Position: Board Member

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

- State
Multi-County
City of San Rafael

- 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.

- Leaving Office: Date Left (Check one)
The period covered is January 1, 2013, through the date leaving office.
The period covered is the date of leaving office.

Assuming Office: Date assumed

Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

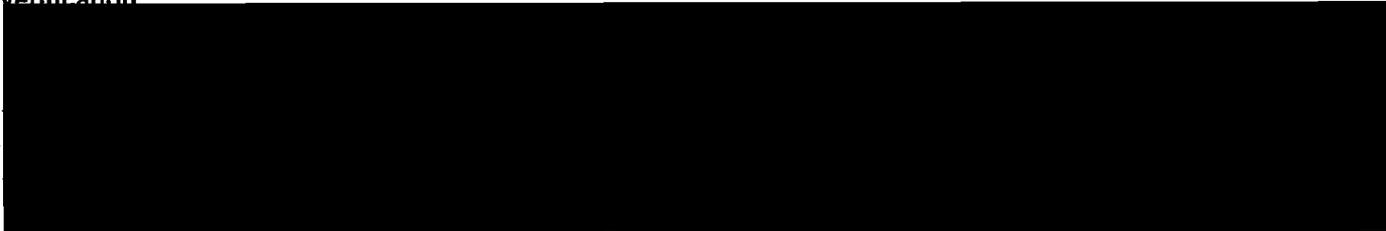
Total number of pages including this cover page: 3

- 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 3.17.2014 (month, day, year)

SCHEDULE D
Income – Gifts

Name
Catherine B Colin

▶ NAME OF SOURCE (Not an Acronym)
Rotary Club of Terra Linda
 ADDRESS (Business Address Acceptable)
P. O. Box 6682, San Rafael CA 94903
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
spoke at the rotary luncheon

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 08 / 13</u>	<u>\$ 75</u>	<u>2 tix to Marin symphony</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Marin Sanitary Service
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
holiday gift

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 06 / 13</u>	<u>\$ 57.20</u>	<u>basket,jam,pickles and</u>
<u> / / </u>	<u>\$</u>	<u>2 dishtowels,candle</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>

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>
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Comments: _____