

APR 7 1 2014

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FAIR POLITICAL
PRACTICES COMMISSION

COVER PAGE



CITY OF SANTA ROSA
CITY CLERK'S OFFICE

Please type or print in ink.

NAME OF FILER
Combs (LAST) Solie (FIRST) Navin (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Santa Rosa
Division, Board, Department, District, if applicable
SR City Council
Your Position
Council member

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

Agency: SCTA/RCPA
Position: alternate director

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

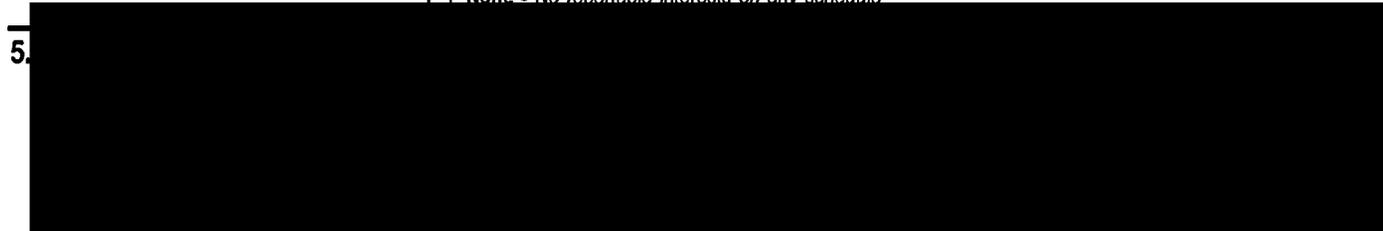
- State
- Multi-County
- City of Santa Rosa
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Sonoma
- Other

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

- Annual: The period covered is January 1, 2013, through December 31, 2013.
- Leaving Office: Date Left
- Assuming Office: Date assumed
- Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

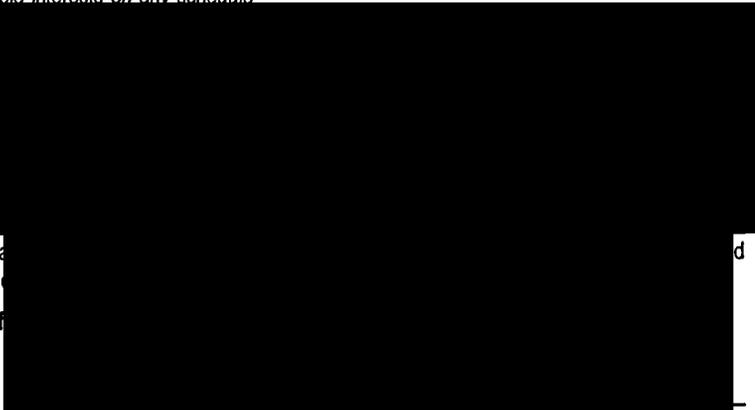
- Check applicable schedules or "None."
- Total number of pages including this cover page: 8
- Schedule A-1 - Investments - schedule attached Not needed
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached Not needed
- None - No reportable interests on any schedule



I have used all reasonable diligence in preparing this statement. I have read the statement and the schedules attached and the information herein and in any attached schedules is true and complete. I acknowledge the accuracy of the information.

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

Date Signed 04.01.2014
(month, day, year)



(File the originally signed statement with your filing official.)

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

Combs Consultant/Author
Name _____
2308 Lakeview Drive 95405
Address (Business Address Acceptable) _____

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

GENERAL DESCRIPTION OF THIS BUSINESS
Consultant Author

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 self employed
Other

YOUR BUSINESS POSITION Co-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

▶ 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 _____ Other _____
Yrs. remaining

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

▶ 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
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 _____ Other _____
Yrs. remaining

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

Comments: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name _____

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

 CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/13 ACQUIRED _____/_____/13 DISPOSED

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1350 - H YULUPA Ave
 CITY
Santa Rosa, CA 95405

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/13 ACQUIRED _____/_____/13 DISPOSED

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
None

* 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 _____

▶ NAME OF SOURCE (Not an Acronym)
Northern Cali Carpenters Assoc
 ADDRESS (Business Address Acceptable)
1706 Corby Ave Santa Rosa 95407
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Local 751 Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11,15,13</u>	<u>\$50</u>	<u>lunch event</u>
<u> </u>	<u>\$ </u>	<u> </u>
<u> </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Ratto Group
 ADDRESS (Business Address Acceptable)
3400 Standish Ave Santa Rosa
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trash hauling & Recycling

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12,15,13</u>	<u>\$50</u>	<u>Holiday 6-ft basket</u>
<u> </u>	<u>\$ </u>	<u> </u>
<u> </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
So Co County Fair Board
 ADDRESS (Business Address Acceptable)
1350 Bennett Valley Rd 95404
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08,11,13</u>	<u>\$46</u>	<u>Tickets/Entry</u>
<u>08,11,13</u>	<u>\$50</u>	<u>Lunch</u>
<u> </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
County Bob Highman, Fair Director
 ADDRESS (Business Address Acceptable)
1350 Bennett Valley Rd 95404
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08,11,13</u>	<u>\$78</u>	<u>Race Tickets</u>
<u> </u>	<u>\$ </u>	<u> </u>
<u> </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Ty Jones
 ADDRESS (Business Address Acceptable)
738 Wilson St. 95401
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Wunderkammer Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08,24,13</u>	<u>\$200</u>	<u>Vip Tickets</u>
<u> </u>	<u>\$ </u>	<u> </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>

Comments: _____