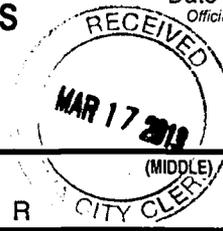


STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Gallian Laurine R

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Sonoma

Division, Board, Department, District, if applicable

Your Position

City Council

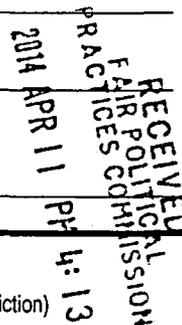
Councilmember

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

Agency: Sonoma County Transportation Agency Regional Cli

Position: Director

REGIONAL Climate Protection Authority



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

- State
- Multi-County _____
- City of Sonoma

- 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 of leaving office.

The period covered is _____, through 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: _____

- 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
[Redacted Signature Area]

herein and in any attached schedules is true and complete. I acknowledge and understand the consequences of providing false information. I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Date Signed 2/27/14
(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

Laurine Gallian

▶ NAME OF BUSINESS ENTITY
Pacific Gas & Electric
GENERAL DESCRIPTION OF THIS BUSINESS
Utility

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:
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GENERAL DESCRIPTION OF THIS BUSINESS

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

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GENERAL DESCRIPTION OF THIS BUSINESS

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

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(Describe)
 Partnership Income Received of \$0 - \$499
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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

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▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
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 \$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 D
Income – Gifts

Name
Laurine Gallian

▶ NAME OF SOURCE *(Not an Acronym)*
Sonoma International Film Festival
 ADDRESS *(Business Address Acceptable)*
110 E Napa Street Sonoma CA 95476
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sonoma Film Festival Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 10 / 13	\$ 175.00	Festival Movie Pass
	\$	
	\$	

▶ 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)
	\$	
	\$	
	\$	

▶ 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: _____