

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only



COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Rohan (FIRST) Susan (MIDDLE) S

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Roseville

Division, Board, Department, District, if applicable City Council Your Position 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 Roseville
Judge or Court Commissioner (Statewide Jurisdiction)
County of
Other

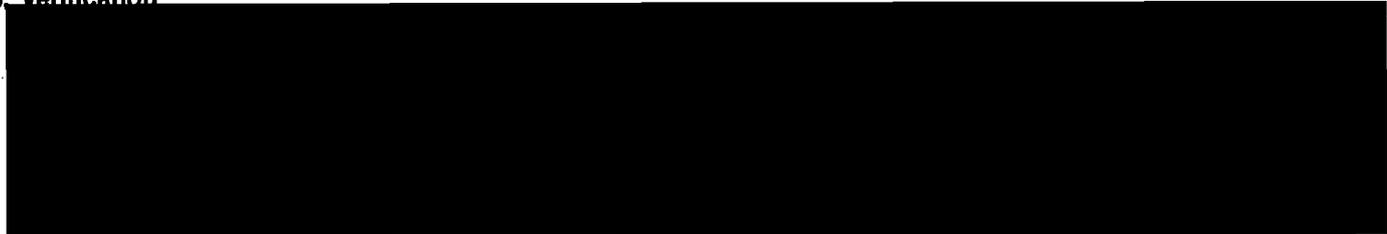
3. Type of Statement (Check at least one box)

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

4. Schedule Summary

- 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

5. Verification



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

Date Signed 02.20.14 (month, day, year)

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

Name
Rohan, Susan

▶ 1. BUSINESS ENTITY OR TRUST

Rohan Consulting
 Name
1921 Eagle Glen Drive Roseville
 Address (Business Address Acceptable)
CA 95661

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

GENERAL DESCRIPTION OF THIS BUSINESS
Public Affairs Consulting Business

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	<u> </u> / <u> </u> / <u>13</u>	<u> </u> / <u> </u> / <u>13</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input checked="" type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION 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
Placer County Association
of Realtors

▶ 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:	
<input type="checkbox"/> \$2,000 - \$10,000	<u> </u> / <u> </u> / <u>13</u>	<u> </u> / <u> </u> / <u>13</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> 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

▶ 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:	
<input type="checkbox"/> \$0 - \$1,999	<u> </u> / <u> </u> / <u>13</u>	<u> </u> / <u> </u> / <u>13</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> 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:	
<input type="checkbox"/> \$2,000 - \$10,000	<u> </u> / <u> </u> / <u>13</u>	<u> </u> / <u> </u> / <u>13</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> 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: _____

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

Name
SUSAN ROHAN

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Rohan Consulting

ADDRESS (Business Address Acceptable)
1921 Eagle Glen Drive Rosville 95661

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public affairs consulting

YOUR BUSINESS POSITION
Sole proprietor

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

Other consulting fees
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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 _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

SCHEDULE D
Income - Gifts

Name
ROHAN, SUSAN

▶ NAME OF SOURCE (Not an Acronym)
PLACER COUNTY ASSOCIATION of Realtors
ADDRESS (Business Address Acceptable)
4750 GROVE STREET ROCKLIN CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Ticket for ANNUAL installation dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1, 10, 13</u>	<u>\$ 80.00</u>	<u>Realtor Association</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
North State BIA
ADDRESS (Business Address Acceptable)
1536 Eureka Rd Roseville CA 95661
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Builder Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1, 13, 13</u>	<u>\$ 125</u>	<u>ANNUAL installation dinner ticket</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Kaiser Permanente Roseville
ADDRESS (Business Address Acceptable)
1600 Eureka Road Roseville 95661
BUSINESS ACTIVITY, IF ANY, OF SOURCE
hospital

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1, 30, 13</u>	<u>\$ 65</u>	<u>guest at sponsors table - Roseville CHAMBER INSTALLATION</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Nortec Waste LLC
ADDRESS (Business Address Acceptable)
3033 Fiddyment Rd. Roseville CA 95747
BUSINESS ACTIVITY, IF ANY, OF SOURCE
materials recovery business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2, 19, 13</u>	<u>\$ 3000</u>	<u>Lunch IL for raid</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Williams and Paddon
ADDRESS (Business Address Acceptable)
2237 Douglas Blvd Roseville CA 95661
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Architectural firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2, 22, 13</u>	<u>\$ 1000</u>	<u>apron for office chili cook off contest</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Roseville City School District Foundation
ADDRESS (Business Address Acceptable)
1050 Main Street Roseville CA 95678
BUSINESS ACTIVITY, IF ANY, OF SOURCE
fundraiser for schools

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2, 22, 13</u>	<u>\$ 100</u>	<u>two tickets to SAVOR ROSEVILLE fundraiser</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

Comments: _____

SCHEDULE D
Income - Gifts

Name
Rohan, SUSAN

▶ NAME OF SOURCE (Not an Acronym)
West Park Sierra Vista LLC
~~ASSOCIATES~~
ADDRESS (Business Address Acceptable)
1700 Eureka Rd. Roseville CA 95661
BUSINESS ACTIVITY, IF ANY, OF SOURCE
developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3, 9, 13</u>	<u>\$ 60⁰⁰</u>	<u>tickets to Rotary Crab Feed</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Hefner, Stark & Marois
ADDRESS (Business Address Acceptable)
2150 River PLAZA Dr SACRAMENTO CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
law firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 13, 13</u>	<u>\$ 123</u>	<u>Dinner during CAP to CAP at Occidental Hotel</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Kaiser Foundation Health Plan Inc
ADDRESS (Business Address Acceptable)
PO BOX 120724 SACRAMENTO CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE 94229
health plan

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 14, 13</u>	<u>\$ 131.05</u>	<u>dinner during CAP to CAP AT Hotel W Washington DC</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
PACIFIC GAS & ELECTRIC
ADDRESS (Business Address Acceptable)
8303 Sierra College Blvd
BUSINESS ACTIVITY, IF ANY, OF SOURCE Sierra Roseville, CA 95661
utility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 14, 13</u>	<u>\$ 131.05</u>	<u>dinner during CAP to CAP AT Hotel W Washington DC</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Deppen Brock ELKIN LLP
ADDRESS (Business Address Acceptable)
500 CAPITOL MALL Ste 200 SACRAMENTO
BUSINESS ACTIVITY, IF ANY, OF SOURCE CA 95814
law firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 14, 13</u>	<u>\$ 33.86</u>	<u>reception at Hotel W during CAP to CAP</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
UC DAVIS Health Systems
ADDRESS (Business Address Acceptable)
2315 STOCKTON BLVD SACRAMENTO CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE 95817
health care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 14, 13</u>	<u>\$ 33.86</u>	<u>reception at Hotel W during CAP to CAP</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

Comments: _____

SCHEDULE D
Income - Gifts

Name
Rohan, Susan

▶ NAME OF SOURCE (Not an Acronym)
Sutter Health

ADDRESS (Business Address Acceptable)
1 Medical Plaza Roseville CA 95661

BUSINESS ACTIVITY, IF ANY, OF SOURCE
health care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4,15,13</u>	<u>\$ 147</u>	<u>dinner at SPY MUSEUM CAP to CAP</u>
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Teichert Aggregates Corp.

ADDRESS (Business Address Acceptable)
3500 American River Drive

BUSINESS ACTIVITY, IF ANY, OF SOURCE
SACRAMENTO CA construction & aggregates 95661

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4,15,13</u>	<u>\$ 147.00</u>	<u>dinner at SPY MUSEUM CAP to CAP</u>
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
SACRAMENTO MAGAZINE

ADDRESS (Business Address Acceptable)
231 LATHROP WAY STE A SAC CA 95815

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Publisher

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6,13,13</u>	<u>\$ 45.00</u>	<u>fruit basket</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
SAC METRO CHAMBER PAC EVENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9,12,13</u>	<u>\$ 9.95</u>	<u>ticket to elected officials reception</u>
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
West Roseville LLC

ADDRESS (Business Address Acceptable)
1700 Eureka Road Roseville CA 95661

BUSINESS ACTIVITY, IF ANY, OF SOURCE
developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9,26,13</u>	<u>\$ 100.00</u>	<u>ticket to Breast Cancer PINK BY POOL Fundraiser</u>
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
West Park Communities

ADDRESS (Business Address Acceptable)
1700 Eureka Road Roseville CA 95661

BUSINESS ACTIVITY, IF ANY, OF SOURCE
produce basket & wine

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12,17,13</u>	<u>\$ 95.00</u>	<u>developer</u>
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>

Comments: _____

**SCHEDULE D
Income – Gifts**

Name

Bohan, Susan

▶ NAME OF SOURCE (Not an Acronym)
JMC Homes

ADDRESS (Business Address Acceptable)
1430 Blue Oaks Blvd Ste 190

BUSINESS ACTIVITY, IF ANY, OF SOURCE Roseville CA
homebuilder

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/18/13</u>	<u>\$ 55</u>	<u>wine</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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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: _____