

FEB 20 2014

COVER PAGE



CITY CLERK'S OFFICE

Please type or print in ink.

NAME OF FILER (LAST) ROANE (FIRST) Jim (MIDDLE) P.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

SAN BRUNO CITY COUNCIL

Division, Board, Department, District, if applicable

Your Position

MAYOR

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

Agency: _____

Position: _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2014 APR - 2 PM 2:35

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

- State
- Multi-County _____
- City of SAN BRUNO

- 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.

- Assuming Office: Date assumed ____/____/____

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: 6

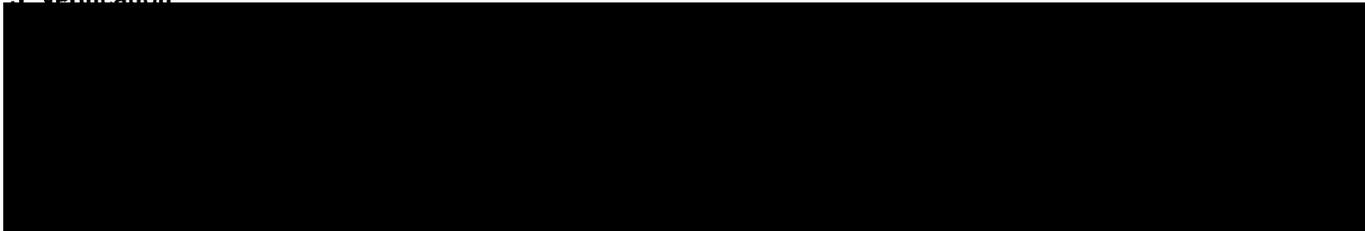
- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached

- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

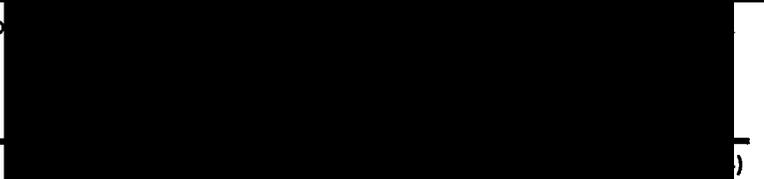
- None - No reportable interests on any schedule

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 2-18-14
(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 <u>JIM RUANE</u>

▶ NAME OF BUSINESS ENTITY
RUANE FAMILY TRUST

GENERAL DESCRIPTION OF THIS BUSINESS
BLACK ROCK GLOBAL ALLOCATION

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
RUANE FAMILY TRUST

GENERAL DESCRIPTION OF THIS BUSINESS
RIVER ROCK ENTERTAINMENT

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
RUANE FAMILY TRUST

GENERAL DESCRIPTION OF THIS BUSINESS
SAREPTA THERAPEUTICS

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 04/26/13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
RUANE FAMILY TRUST

GENERAL DESCRIPTION OF THIS BUSINESS
AXESSTEL INC.

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:
01/11/13 / / 13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
RUANE FAMILY TRUST

GENERAL DESCRIPTION OF THIS BUSINESS
DORCHESTER MINERALS

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 01/11/13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
RUANE FAMILY TRUST

GENERAL DESCRIPTION OF THIS BUSINESS
MANDALAY DIGITAL GROUP

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:
05/20/13 / / 13
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE D Income – Gifts

Name
JIM RUANE

▶ NAME OF SOURCE (Not an Acronym)
SAM SINGER

ADDRESS (Business Address Acceptable)
47 KEARNY ST. S.F. 94108

BUSINESS ACTIVITY, IF ANY, OF SOURCE
PUBLIC RELATIONS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/15/13</u>	<u>\$ 277⁰⁰</u>	<u>THEATRE TICKET</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: _____