

**STATEMENT OF ECONOMIC INTERESTS**



**COVER PAGE**



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Zane Shirlee Ruth

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

Sonoma County Board of Supervisors

Division, Board, Department, District, if applicable

Third District

Your Position

County Supervisor

RECEIVED  
 FAIR POLITICAL  
 PRACTICES COMMISSION  
 2014 APR - 7 AM 8:54

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

Agency: See attached for additional agencies

Position: \_\_\_\_\_

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

- State
- Multi-County Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Sonoma, Solano
- City of \_\_\_\_\_

- 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: 5

- 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. [Redacted Signature Area]

herein and in any attached schedules is true and complete. I acknowledge and certify under penalty of perjury under the laws of the State of California that the information provided on this statement is true and complete.

Date Signed \_\_\_\_\_  
 (month, day, year)



**SCHEDULE D**  
**Income – Gifts**

Name  
 Shirlee Zane

▶ NAME OF SOURCE (Not an Acronym)  
 Tito Sasaki, Sonoma County Farm Bureau

ADDRESS (Business Address Acceptable)  
 970 Piner Road

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 02 / 13	\$ 95.00	crab feed ticket
07 / 18 / 13	\$ 175.00	bbq fundraiser ticket
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Kaiser Permanente

ADDRESS (Business Address Acceptable)  
 401 Bicentennial Way, Santa Rosa, CA 95403

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Medical

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 27 / 13	\$ 65.00	economic conference
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Ron Malone, Sonoma County Horse Council

ADDRESS (Business Address Acceptable)  
 909 Mustang Ct., Petaluma, CA 94954

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 23 / 13	\$ 75.00	awards dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Exploratorium

ADDRESS (Business Address Acceptable)  
 Pier 15, San Francisco, CA 94111

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 04 / 13	\$ 100.00	grand opening ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 YWCA Sonoma County

ADDRESS (Business Address Acceptable)  
 1421 Guerneville Road, #200, Santa Rosa, 95403

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Social Support Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 12 / 13	\$ 150.00	fundraiser ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 City of Santa Rosa

ADDRESS (Business Address Acceptable)  
 100 Santa Rosa Ave., Santa Rosa, CA 95404

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 19 / 13	\$ 50.00	Amgen tour VIP pass
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
 Shirlee Zane

▶ NAME OF SOURCE *(Not an Acronym)*  
 Rob Mulerath

ADDRESS *(Business Address Acceptable)*  
 1550 Airport Blvd # 206, Santa Rosa, CA 95403

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Political consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 14 / 13	\$ 165.00	golf tournament fee
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
 Melissa Kelley

ADDRESS *(Business Address Acceptable)*  
 2300 County Center Drive, #120A, Santa Rosa, 9540

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Non profit Executive Director

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 23 / 13	\$ 100.00	garden fundraiser
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: \_\_\_\_\_

Sonoma County Supervisor Shirlee Zane, 3<sup>rd</sup> District

Additional Agencies & Positions – County of Sonoma



California Form 700

Reporting period: 1/1/2013 through 12/31/13

Sonoma County Transportation Authority – *Boardmember*

Regional Climate Protection Authority – *Boardmember*

Sonoma Marin Rail Transit (SMART)-*Boardmember*

~~Bay Area Air Quality Management District-*Boardmember*~~

City of Santa Rosa Oversight Board-*Boardmember*

Sonoma County Waste Management Agency-*Boardmember*

City of Rohnert Park Oversight Board-*Boardmember and Chairwoman*

Sonoma Clean Power-*Boardmember*

Sonoma County Indian Gaming Local Community Benefit Committee – *Alternate*

FishNet4c-*Alternate*

~~San Francisco Bay Conservation and Development Commission – *Alternate*~~