



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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03/24/2015
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Olivares, Ernesto

1. Office, Agency, or Court

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

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

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

- Annual: The period covered is January 1, 2014, through December 31, 2014
- Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2014
- Assuming Office: Date assumed ____/____/____
- Candidate: Election Year _____ and office sought, if different than Part 1: _____
- The period covered is January 1, 2014, through the date of leaving office.
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

- Check applicable schedules or "None."
- Total number of pages including this cover page: 3
- 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

Date Signed 03/24/2015
(month, day, year)

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 _____

Olivares, Ernesto

▶ 1. BUSINESS ENTITY OR TRUST

Rita Olivares

Name
845 4th St. Suite A
Santa Rosa, CA 95404

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

Esthetician Services

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input checked="" type="checkbox"/> \$0 - \$1,999	____/____/____ ____/____/____
<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 None Other _____

YOUR BUSINESS POSITION None

▶ 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 or Names listed below

▶ 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	____/____/____ ____/____/____
<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 _____ Other _____
Yrs. remaining

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

Comments: _____

▶ 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	____/____/____ ____/____/____
<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)

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 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

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Description of Business Activity or
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FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____ ____/____/____
<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 _____ Other _____
Yrs. remaining

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

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
David Vicini
 ADDRESS (Business Address Acceptable)
684 7th St.
Santa Rosa, CA 95404
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Realtor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 03 / 14</u>	<u>\$ 150.00</u>	<u>Nonprofit Fundraiser</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Wells Fargo Center for the Arts
 ADDRESS (Business Address Acceptable)
50 Mark West Springs Rd.
Santa Rosa, CA 95403
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Nonprofit Arts Center

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 12 / 14</u>	<u>\$ 100.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
North Coast Leadership Council
 ADDRESS (Business Address Acceptable)
775 Baywood Dr. #101
Petaluma, CA 94954
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Nonprofit Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 04 / 14</u>	<u>\$ 50.00</u>	<u>Luncheon</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>

▶ 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>

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 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: _____