

Date Initial Filing Received
MAR 24 2015
Official Use Only

TOWN OF CORTE MADERA

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
CG
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
RAVASIO ROBERT PETER

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

TOWN OF CORTE MADERA COUNCIL MEMBER
Division, Board, Department, District, if applicable Your Position

► 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 CORTE MADERA
- 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, 2014, through December 31, 2014.
- or-
- The period covered is ____/____/____, through December 31, 2014.
- Assuming Office: Date assumed ____/____/____
- Leaving Office: Date Left ____/____/____ (Check one)
- The period covered is January 1, 2014, through the date of leaving office.
- 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: _____

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

Date Signed 3/23/15
(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 _____

▶ NAME OF BUSINESS ENTITY
AT + T

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:
____/____/14 ____/____/14
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
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____/____/14 ____/____/14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE
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NATURE OF INVESTMENT
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IF APPLICABLE, LIST DATE:
____/____/14 ____/____/14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF THIS BUSINESS _____

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 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/14 ____/____/14
ACQUIRED DISPOSED

▶ 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
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 Partnership Income Received of \$0 - \$499
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IF APPLICABLE, LIST DATE:
____/____/14 ____/____/14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE
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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:
____/____/14 ____/____/14
ACQUIRED DISPOSED

Comments: _____

Ravasio 2014 Sales

Schedule A2 – Source of Income over \$10,000

Address	Brokerage	Representation
508 Corte Madera Ave., Corte Madera	Coldwell Banker (CB)	John & Dorothy Kilan Trust Two
21 Meadow Ridge Dr., Corte Madera	CB	Susan R. Gamble
111 Almenar Dr., Greenbrae	CB	Stephanie Decker-Carlson
41 Ebbtide Psg., Corte Madera	CB	William Kimball & Alison Marquiss
22 Orchid Lane, Larkspur	CB	Gina Kemsley
105 Laverne, Mill Valley	CB	The Witt Family Trust-1999 Survivor Trust
136 Margarita, San Rafael	CB	Gina Kemsley
334 Santa Margarita, San Rafael	CB	Milya Jacobson
138 Circle Rd., San Rafael	CB	The DeMont Family Revocable Trust
159 Marina Vista, Larkspur	CB	Edward A. Hoeffler & Sandra L. Hoeffler 2005 Trust
48 Corte Morada, Greenbrae	CB	Joseph & Diane Stemach
630 Montecillo, San Rafael	CB	Betty DeMont
214 W. Baltimore, Larkspur	CB	Jonathan & Kristi Ellenzweig
7 Chateau Pl., San Rafael	CB	McDermott Revocable Trust
23 Sunrise Ln., Larkspur	CB	Diane Merrill 2013 Trust
3 Pine Hill, Inverness	CB	Brock, Nancy, and Terrel Wagstaff
115 Evergreen, Kentfield	CB	Chester T. Rice & Martha C. Rice Revocable Trust
11 Ward St., Larkspur	CB	McKinley Family 1996 Trust
27 Tweed Terr., San Rafael	CB	Ajmal N. & Tripti A. Noorani

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name _____

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
150 EDISON

CITY
CORTE MADERA, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / / 14 / / 14
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / / 14 / / 14
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions 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

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

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

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

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
RAVASIO REAL ESTATE
 ADDRESS (Business Address Acceptable) 427 OAKDALE AVE.
REAL ESTATE SALES
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
VICE PRESIDENT
 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
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (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
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

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 OF SOURCE (Not an Acronym)
MILL VALLEY FILM FESTIVAL
 ADDRESS (Business Address Acceptable)
FILM FESTIVAL OPENING
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
OCT 2, 2014 \$250 TICKETS
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
 / / \$ TO OPENING
 NIGHT

▶ 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: _____