



RECEIVED COVER PAGE FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER (LAST) Roha (FIRST) Susan (MIDDLE) APR -6 PH 3:58

RECEIVED 2015 MAR 30 AM 6:55 CLERK DEPARTMENT ROSEVILLE, CA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Roseville

Vice Mayor

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, Judge or Court Commissioner, County of, 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, The period covered is January 1, 2014, through the date of leaving office. Assuming Office: Date assumed, Candidate: Election year and office sought

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 6

- Schedule A-1 - Investments, Schedule A-2 - Investments, Schedule B - Real Property, Schedule C - Income, Loans, & Business Positions, Schedule D - Income - Gifts, Schedule E - Income - Gifts - Travel Payments

None - No reportable interests on any schedule

Date Signed 03 30 15 (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**

Name Rohan Consulting  
Address (Business Address Acceptable) 1921 Eagle Glen Dr, Roseville CA 95661  
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:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED     /     / 14      DISPOSED     /     / 14

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

**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  
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:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED     /     / 14      DISPOSED     /     / 14

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:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED     /     / 14      DISPOSED     /     / 14

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

**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:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED     /     / 14      DISPOSED     /     / 14

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)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Rohan, Susan

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Rohan Consulting

ADDRESS (Business Address Acceptable)  
1921 Eads Glen Dr Pasadena

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
public affairs consulting

YOUR BUSINESS POSITION  
ole prop.

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

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  
(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

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)  
PLACER COUNTY ASSOCIATION OF REALTORS  
 ADDRESS (Business Address Acceptable)  
270 TECHNOLOGY WAY #100 ROCKLIN CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
REAL ESTATE ASSOCIATION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1, 16, 14	\$ 80 <sup>00</sup>	2 TICKETS TO BOARD INSTALLATION DINNER
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym) North State Building Building Industry Association of Nor Cal, Industry Association  
 ADDRESS (Business Address Acceptable)  
1536 EUREKA ROAD, ROSEVILLE, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Building/Developer Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1, 18, 14	\$ 450	2 tickets to Installation Dinner
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Kaiser Foundation Health Plan Inc  
 ADDRESS (Business Address Acceptable)  
PO BOX 720724 SACRAMENTO CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
health plan business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1, 29, 14	\$ 70	ROSEVILLE CHAMBER INSTALLATION
2, 3, 14	\$ 46.15	king's game event box
5, 4, 14	\$ 145.75	Capto Cap dinner

▶ NAME OF SOURCE (Not an Acronym)  
West Park LLC  
 ADDRESS (Business Address Acceptable)  
1700 EUREKA ROAD, ROSEVILLE, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4, 26, 14	\$ 125	Sierra College Foundation event - one ticket
12, 10, 14	\$ 95	holiday basket
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Hefner Stark & Mavis  
 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)
5, 3, 14	\$ 123	20 dinner @ CAP TO CAP
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Consolidated Communications  
 ADDRESS (Business Address Acceptable)  
200 VERNON STREET, ROSEVILLE, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Communications Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4, 24, 14	\$ 150 <sup>00</sup>	Golf for City Parks fundraiser
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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

**SCHEDULE D**  
**Income - Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
Teichert Corp.  
 ADDRESS (Business Address Acceptable)  
3500 American River Dr SAC  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
construction & aggregates

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5, 4, 14</u>	<u>\$155</u>	<u>CAP to CAP Dinner Event</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Sutter Health  
 ADDRESS (Business Address Acceptable)  
1 Medical Plaza Roseville 95601  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
health care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5, 4, 14</u>	<u>\$155</u>	<u>CAP to CAP Dinner Event</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Circus Vargas  
 ADDRESS (Business Address Acceptable)  
Venue: Westfield Galleria Roseville CA support@shoudlx.com  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 21, 14</u>	<u>\$220.00</u>	<u>4 tickets to performance</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Roseville Chamber of Commerce  
 ADDRESS (Business Address Acceptable)  
650 Douglas Blvd. #95678  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Chamber of Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 9, 14</u>	<u>\$54.13</u>	<u>MAYOR'S SWearing In Reception</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Studio Movie Grill  
 ADDRESS (Business Address Acceptable)  
5140 Commons Dr Rocklin CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
movie theater

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 12, 14</u>	<u>\$80.00</u>	<u>Dinner &amp; movie for two</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
JM C Honkas  
 ADDRESS (Business Address Acceptable)  
1430 Blue Oaks Blvd Ste 190 Roseville CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
home builder

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 12, 14</u>	<u>\$19.99</u>	<u>wine</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: Corp office for Studio Movie is 1411 4th Ave #1550 Seattle Washington

**SCHEDULE D**  
**Income - Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
Clark Sullivan Construction  
 ADDRESS (Business Address Acceptable)  
2024 Opportunity Dr #150  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE Roseville CA  
Commercial bldr

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 22, 14</u>	<u>\$ 25<sup>00</sup></u>	<u>Box Cards</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Yellow Cab of Sacramento  
 ADDRESS (Business Address Acceptable)  
900 Richards Boulevard  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE Sacramento CA 958 11

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 22, 14</u>	<u>\$ 20<sup>00</sup></u>	<u>Bottle of Wine</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym) -  
WM Corporation  
 ADDRESS (Business Address Acceptable)  
1415 L. Street Ste 900 Sacramento CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE non profit for Warwick University development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6, 3, 14</u>	<u>\$ 129<sup>00</sup></u>	<u>dinner with Warwick University</u> <u>leadership</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)  
Sacramento Kings  
 ADDRESS (Business Address Acceptable)  
One Sports Parkway, Sacramento CA 95834  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE sports entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5, 4, 14</u>	<u>\$ 145.75</u>	<u>dinner</u> <u>cup to cup</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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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