CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

CG **COVER PAGE**

Date Initial Filing Received
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RECEIVED
CITY OF CLOVERDALE
2015 MAR 19 AM 10: 11

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Russell	Carol	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Coverdale/Community Successor Agency Board of Directors — 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: Please see attached — Position: Please see attached

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

- ☐ State
- ☐ Multi-County _____
- ☑ City of Cloverdale
- ☐ 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: 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*

5. Verification

[redacted]

I certify under penalty of perjury under the laws of the State of [redacted]

Date Signed 03/18/2015
(month, day, year)

FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

Additional Agencies/Positions.

Office, Agency, or Court List for **Carol Russell** for period 01/01/14 – 12/31/14

Name: Sonoma County Transportation Authority/Regional Climate Protection Authority
Position: Member, Board of Directors
Jurisdiction: County of Sonoma

Name: Sonoma Marin Area Rail Transit District
Position: Member, Board of Directors
Jurisdiction: Multi-County (Sonoma and Marin Counties)

Name: Sonoma County Mayors and Council Members Association
Position: Alternate, Legislative Committee
Jurisdiction: County of Sonoma

Name: Health Action, Department of Health Services
Position: Appointed Representative for City of Cloverdale to Board
Jurisdiction: County of Sonoma

Name: Climate Protection Campaign
Position: Appointed Representative of the City of Cloverdale
Jurisdiction: Sonoma County

Name: Former Cloverdale Redevelopment Agency's Successor Agency Oversight Board
Position: Mayor's Appointee Member
Jurisdiction: City of Cloverdale

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FAIR POLITICAL PRACTICES COMMISSION

Name
CAROL RUSSELL

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Crystal Clear Windows
ADDRESS *(Business Address Acceptable)*
Cloverdale CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Window Washing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 15 / 14	$ 275.00	Clean Windows
/ /	$	
/ /	$	

► 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: Community BBQ Raffle Prize Cost of Raffle ticket $1.00 deducted from value of prize