

STATEMENT OF ECONOMIC INTERESTS

Date Received
City of Davis Office
Official Use Only



COVER PAGE

MAR 31 2015

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) City of Davis
Swanson Rochelle Irene

1. Office, Agency, or Court

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

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

Agency: Yolo Solano Air Quality Management District Position: Director

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County Yolo, Solano County of _____
- City of Davis 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. The period covered is ____/____/____, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ 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: 5

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

-or-
 None - No reportable interests on any schedule

5. [Redacted]

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

Date Signed 03/31/15
(month, day, year)

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

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name Swanson

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Titan Consulting, LLC

ADDRESS (Business Address Acceptable)
101 South Drive, Cranberry Township, PA 16066

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Land use/consulting services - wireless telecom

YOUR BUSINESS POSITION
Site Acquisition Manger

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
CTI Towers, LLC

ADDRESS (Business Address Acceptable)
38 Pond Street, Suite 305, Franklin MA 02038

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Portfolio Managerment/Sales

YOUR BUSINESS POSITION
West & Central Account Manager

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
Swanson

▶ NAME OF SOURCE (Not an Acronym)
Sutter Health

ADDRESS (Business Address Acceptable)
2020 River Plaza Drive, Sacramento CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04</u> / <u>06</u> / <u>14</u>	\$ <u>75.00</u>	<u>Award reception/dinner</u>
<u>05</u> / <u>05</u> / <u>14</u>	\$ <u>155.00</u>	<u>DC dinner (cap to cap)</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Kaiser Permanente

ADDRESS (Business Address Acceptable)
6600 Bruceville Road, Sacramento CA 95823

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05</u> / <u>04</u> / <u>14</u>	\$ <u>145.75</u>	<u>DC dinner (cap to cap)</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Tiechert Construction

ADDRESS (Business Address Acceptable)
24207 County Road 100A, Davis CA 95616

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05</u> / <u>05</u> / <u>14</u>	\$ <u>155.00</u>	<u>DC dinner (cap to cap)</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
New Home Company

ADDRESS (Business Address Acceptable)
85 Enterprise, Suite 450, Aliso Viejo CA 92656

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10</u> / <u>17</u> / <u>14</u>	\$ <u>75.00</u>	<u>Bucks for Ducks dinner</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
University of CA, Davis

ADDRESS (Business Address Acceptable)
1 Shields Avenue, Davis CA 95616

BUSINESS ACTIVITY, IF ANY, OF SOURCE
University

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03</u> / <u>06</u> / <u>14</u>	\$ <u>25.00</u>	<u>Women's luncheon</u>
<u>07</u> / <u>14</u> / <u>14</u>	\$ <u>75.00</u>	<u>Chancellor's dinner</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>	<u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>	<u> </u>

Comments: _____