

STATEMENT OF ECONOMIC INTERESTS

CG

COVER PAGE

ROHNERT PARK

Date Initial Filing

Received
MAR 30 2015

CITY CLERK

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Belforte Gina K.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Rohnert Park

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: _____

Position: _____

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

- State
- Multi-County _____
- City of Rohnert Park
- 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: 5

- 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 03/30/2015
(month, day, year)

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2015 APR - 1 PM 3:26

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Belforte, Gina

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Majack Services, Inc.

ADDRESS (Business Address Acceptable)
 3600 Standish Avenue, #A, Santa Rosa, CA 95407

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Service

YOUR BUSINESS POSITION
 President

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
 Novo Nordisk

ADDRESS (Business Address Acceptable)
 Princeton, New Jersey

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Medical Sales

YOUR BUSINESS POSITION
 SR Sales

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
Belforte, Gina

▶ NAME OF SOURCE (Not an Acronym)
Golden Gate Bridge, Hwy & Transportation District
ADDRESS (Business Address Acceptable)
Box 9000 Presidio Station, San Francisco, CA 94129
BUSINESS ACTIVITY, IF ANY, OF SOURCE
APTA Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 14 / 14	\$ 60.00	Dinner
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Rohnert Park Disposal/Ratto Group
ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Waste Management

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 14	\$ 50.00	Basket, Sauce, Pasta
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ 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)
Congressman Mike Thompson
ADDRESS (Business Address Acceptable)
Capital Hill, Washington DC
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DCCC Hillary Clinton & Nancy Pelosi

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 20 / 14	\$ 500.00	Tickets
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Sonoma County Fair
ADDRESS (Business Address Acceptable)
1350 Bennett Valley Road, Santa Rosa, CA 95404
BUSINESS ACTIVITY, IF ANY, OF SOURCE
County Fair

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 01 / 14	\$ 60.00	ticket/parking/lunch
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
O'Brien Watters Davis LLP
ADDRESS (Business Address Acceptable)
3510 Unical Place, Santa Rosa, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorney @ Law

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 01 / 14	\$ 160.00	Dinner
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____