



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Carlstrom, Erin Brianne

1. Office, Agency, or Court

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

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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

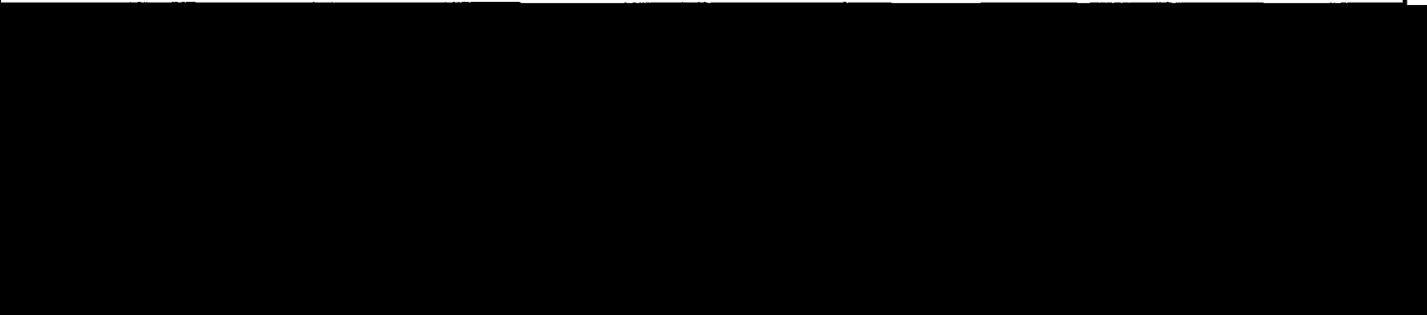
- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County County of
- City of Santa Rosa Other

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)
- Multi-County
- County of
- Other
- Assuming Office: Date assumed ____/____/____
- 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: 7
- 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
- None - No reportable interests on any schedule



Date Signed 03/31/2015 (month, day, year)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Erin Brianne Carlstrom

Agency	Division/Board/Dept/District	Position	Type of Statement
Sonoma County Transportation	Board of Directors	Member	Annual 1/1/2014 - 12/31/2014
Regional Climate Protection Authority	Board of Directors	Member	Annual 1/1/2014 - 12/31/2014

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
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Carlstrom, Erin Brienne</u>

▶ NAME OF BUSINESS ENTITY
Beyond Lucid Technologies

GENERAL DESCRIPTION OF THIS BUSINESS
emergency services software corporation

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:
09 / 30 / 12 _____
 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
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ _____
 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
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
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IF APPLICABLE, LIST DATE:
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 \$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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 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
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 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
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ _____
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <hr/> Carlstrom, Erin Brianne

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <hr/> Law Office of Jenni Klose ADDRESS (Business Address Acceptable) 1275 Fourth St. No 206 Santa Rosa, CA 95403 BUSINESS ACTIVITY, IF ANY, OF SOURCE <hr/> law firm YOUR BUSINESS POSITION <hr/> contract attorney	NAME OF SOURCE OF INCOME <hr/> City of Santa Rosa ADDRESS (Business Address Acceptable) 100 Santa Rosa Ave Suite 500 Santa Rosa, CA 95403 BUSINESS ACTIVITY, IF ANY, OF SOURCE <hr/> city government YOUR BUSINESS POSITION <hr/> Council member
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small> <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <hr/> <small>(Describe)</small> <input checked="" type="checkbox"/> Other billable hours <hr/> <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small> <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <hr/> <small>(Describe)</small> <input type="checkbox"/> Other _____ <hr/> <small>(Describe)</small>

▶ 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* <hr/> ADDRESS (Business Address Acceptable) <hr/> BUSINESS ACTIVITY, IF ANY, OF LENDER <hr/> HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE TERM (Months/Years) _____% <input type="checkbox"/> None _____ SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small style="margin-left: 150px;">Street address</small> _____ <small style="margin-left: 150px;">City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small style="margin-left: 150px;">(Describe)</small>
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Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
Sonoma County Fair
 ADDRESS (Business Address Acceptable)
1350 Bennett Valley Rd
Santa Rosa, CA 95403
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sonoma County fair

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 15 / 14</u>	<u>\$ 75.00</u>	<u>fair and directors luncheon tickets</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Active 20-30 #50
 ADDRESS (Business Address Acceptable)
PO Box 391
Santa Rosa, CA 95402
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
charitable

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 23 / 14</u>	<u>\$ 50.00</u>	<u>tickets to Red White & Boom</u>
<u> / / </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>

▶ 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>

▶ 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>

▶ 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>

Comments: _____