

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

E-Filed
03/31/2015
14:04:51
Filing ID:
154854952

CG

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Combs, Julie Navin

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)

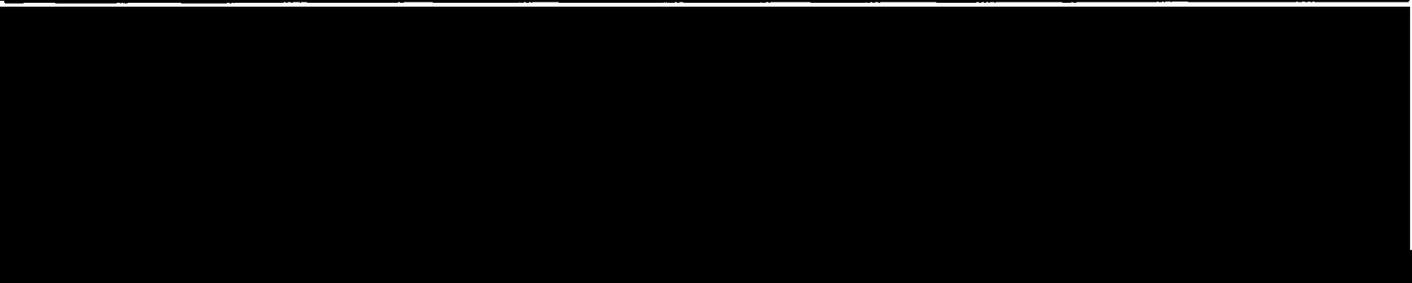
State
Multi-County
City of Santa Rosa
Judge or Court Commissioner (Statewide Jurisdiction)
County of Sonoma
Other

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 / /
Candidate: Election Year and office sought, if different than Part 1:
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.

4. Schedule Summary

Check applicable schedules or "None."
Total number of pages including this cover page: 8
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



I certify under penalty of perjury under the laws of the State

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 Julie Navin Combs |

| Agency | Division/Board/Dept/District | Position | Type of Statement |
|--|--------------------------------|------------------|------------------------------|
| Sonoma County Transportation | Board of Directors | Alternate Member | Annual 1/1/2014 - 12/31/2014 |
| Regional Climate Protection Authority | Board of Directors | Alternate Member | Annual 1/1/2014 - 12/31/2014 |
| Sonoma Clean Power Authority | Board of Directors | Member | Annual 1/1/2014 - 12/31/2014 |
| CITY OF SANTA ROSA | Art in Public Places Committee | Member | Annual 1/1/2014 - 12/31/2014 |

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

| |
|-------------------------------------|
| CALIFORNIA FORM 700 |
| FAIR POLITICAL PRACTICES COMMISSION |
| Name _____ |
| Combs, Julie Navin |

▶ 1. BUSINESS ENTITY OR TRUST

Combs Consulting/ Author

Name
2308 Lakeview
Santa Rosa, CA 95405

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Educational Consulting and Writing

| | |
|--|--------------------------------------|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: |
| <input type="checkbox"/> \$0 - \$1,999 | _____/_____/_____ ____/____/_____ |
| <input checked="" type="checkbox"/> \$2,000 - \$10,000 | ACQUIRED DISPOSED |
| <input type="checkbox"/> \$10,001 - \$100,000 | |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | |
| <input type="checkbox"/> Over \$1,000,000 | |

NATURE OF INVESTMENT
 Partnership Sole Proprietorship co-owner with _____
Other

YOUR BUSINESS POSITION _____

▶ 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: |
| <input type="checkbox"/> \$0 - \$1,999 | _____/_____/_____ ____/____/_____ |
| <input type="checkbox"/> \$2,000 - \$10,000 | ACQUIRED DISPOSED |
| <input type="checkbox"/> \$10,001 - \$100,000 | |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | |
| <input type="checkbox"/> Over \$1,000,000 | |

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

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 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

▶ 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: |
| <input type="checkbox"/> \$2,000 - \$10,000 | _____/_____/_____ ____/____/_____ |
| <input type="checkbox"/> \$10,001 - \$100,000 | ACQUIRED DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | |
| <input type="checkbox"/> Over \$1,000,000 | |

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

▶ 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: |
| <input type="checkbox"/> \$2,000 - \$10,000 | _____/_____/_____ ____/____/_____ |
| <input type="checkbox"/> \$10,001 - \$100,000 | ACQUIRED DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | |
| <input type="checkbox"/> Over \$1,000,000 | |

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
2308 Lakeview Dr
 CITY
Santa Rosa
 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 _____ DISPOSED _____
 NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____
 Yrs. remaining _____ Other _____
 IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1350 H Yulupa Ave
 CITY
Santa Rosa
 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 _____ DISPOSED 01 / 16 / 14
 NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____
 Yrs. remaining _____ Other _____
 IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions 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 _____
 INTEREST RATE _____ TERM (Months/Years) _____
 _____% None
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____
 ADDRESS (Business Address Acceptable) _____
 BUSINESS ACTIVITY, IF ANY, OF LENDER _____
 INTEREST RATE _____ TERM (Months/Years) _____
 _____% None
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

Combs, Julie Navin

| ▶ 1. INCOME RECEIVED | ▶ 1. INCOME RECEIVED |
|--|--|
| <p>NAME OF SOURCE OF INCOME <u>The Graduate Institute</u></p> <p>ADDRESS (Business Address Acceptable) <u>171 Amity Road</u> <u>Bethany, CT 06524</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>YOUR BUSINESS POSITION _____</p> <p>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</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)</p> | <p>NAME OF SOURCE OF INCOME <u>Perseus Books LLC</u></p> <p>ADDRESS (Business Address Acceptable) <u>250 West 57th 15th Floor</u> <u>New York, NY 10107</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>YOUR BUSINESS POSITION _____</p> <p>GROSS INCOME RECEIVED <input checked="" 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</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)</p> |

▶ 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:

| | |
|---|---|
| <p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>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</p> | <p>INTEREST RATE _____ % <input type="checkbox"/> None</p> <p>TERM (Months/Years) _____</p> <p>SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ _____ Street address _____ City <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)</p> |
|---|---|

Comments: _____

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

| |
|--|
| CALIFORNIA FORM 700 |
| <small>FAIR POLITICAL PRACTICES COMMISSION</small> |
| Name _____ |
| Combs, Julie Navin |

| ▶ 1. INCOME RECEIVED | ▶ 1. INCOME RECEIVED |
|--|---|
| NAME OF SOURCE OF INCOME <u>California Institute for Integral Studies</u> ADDRESS (Business Address Acceptable) 1453 Mission Street San Francisco, CA 94103 BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Educational</u> YOUR BUSINESS POSITION <hr/> 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 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe) | NAME OF SOURCE OF INCOME <u>Combs Consulting/Author</u> ADDRESS (Business Address Acceptable) 2308 Lakeview Drive Santa Rosa, CA 95405 BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION <hr/> 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 checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> 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 <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 _____ _____ Street address _____ City <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe) |
|--|---|

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
Northern California Carpenters
 ADDRESS (Business Address Acceptable)
1706 Corby Ave
Santa , CA 95407
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|------------------------|
| <u>11 / 14 / 14</u> | <u>\$ 50.00</u> | <u>Lunch event</u> |
| <u> / / </u> | <u>\$</u> | <u></u> |
| <u> / / </u> | <u>\$</u> | <u></u> |

▶ NAME OF SOURCE (Not an Acronym)
Ratto Group
 ADDRESS (Business Address Acceptable)
3400 Standish Ave
Santa Rosa, CA 95407
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trash Hauling Recycling

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|----------------------------|
| <u>12 / 15 / 14</u> | <u>\$ 75.00</u> | <u>Holiday Gift Basket</u> |
| <u> / / </u> | <u>\$</u> | <u></u> |
| <u> / / </u> | <u>\$</u> | <u></u> |

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

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|-----------------------------------|
| <u>08 / 11 / 14</u> | <u>\$ 100.00</u> | <u>Entry tickets and Luncheon</u> |
| <u> / / </u> | <u>\$</u> | <u></u> |
| <u> / / </u> | <u>\$</u> | <u></u> |

▶ NAME OF SOURCE (Not an Acronym)
Bob Highman
 ADDRESS (Business Address Acceptable)
1350 Bennett Valley Rd
Santa Rosa, CA 95404
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

County Fair Director

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|------------------------|
| <u>08 / 11 / 14</u> | <u>\$ 78.00</u> | <u>Race tickets</u> |
| <u> / / </u> | <u>\$</u> | <u></u> |
| <u> / / </u> | <u>\$</u> | <u></u> |

▶ NAME OF SOURCE (Not an Acronym)
Noreen Evans
 ADDRESS (Business Address Acceptable)
621 Humboldt St
Santa Rosa, CA 95404
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Former State Senator/ Attorney

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|-------------------------|
| <u>12 / 15 / 14</u> | <u>\$ 150.00</u> | <u>Crab Feed Ticket</u> |
| <u> / / </u> | <u>\$</u> | <u></u> |
| <u> / / </u> | <u>\$</u> | <u></u> |

▶ NAME OF SOURCE (Not an Acronym)
Chris Mazzia
 ADDRESS (Business Address Acceptable)
50 Old Courthouse Square
Santa Rosa, CA 95404
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Attorney

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|------------------------|
| <u>08 / 15 / 14</u> | <u>\$ 370.00</u> | <u>Legal advice</u> |
| <u> / / </u> | <u>\$</u> | <u></u> |
| <u> / / </u> | <u>\$</u> | <u></u> |

Comments: _____