

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Jacob Robert E

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Sebastopol CITY OF SEBASTOPOL
Division, Board, Department, District, if applicable Your Position
City Council City Councilmember MAR 9 2015

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

Successor Agency to the Sebastopol
Agency: Community Development Agency Position: Agency Member RECEIVED

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County County of _____
- City of Sebastopol 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)
- Assuming Office: Date assumed ____/____/____ The period covered is January 1, 2014, through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____ 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: 3
- 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

Date Signed 03/05/2015
(month, day, year)

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Robert E. Jacob

| ▶ 1. INCOME RECEIVED | ▶ 1. INCOME RECEIVED |
|--|---|
| NAME OF SOURCE OF INCOME <u>Responsible Patient Care, Inc.</u> | NAME OF SOURCE OF INCOME _____ |
| ADDRESS (Business Address Acceptable) <u>6771 Sebastopol Ave., Sebastopol, CA 95472</u> | ADDRESS (Business Address Acceptable) _____ |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Retail - Health</u> | BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ |
| YOUR BUSINESS POSITION <u>Executive Director</u> | YOUR BUSINESS POSITION _____ |
| 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 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 checked="" type="checkbox"/> Salary <input 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) | CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input 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* _____ | INTEREST RATE _____ % <input type="checkbox"/> None | TERM (Months/Years) _____ |
| ADDRESS (Business Address Acceptable) _____ | SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence | |
| BUSINESS ACTIVITY, IF ANY, OF LENDER _____ | <input type="checkbox"/> Real Property _____ Street address | |
| 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 | <input type="checkbox"/> Guarantor <u>CITY OF SEBASTOPOL</u> | |
| | <input type="checkbox"/> Other _____ MAR 9 2015 (Describe) | |

Comments: _____

RECEIVED