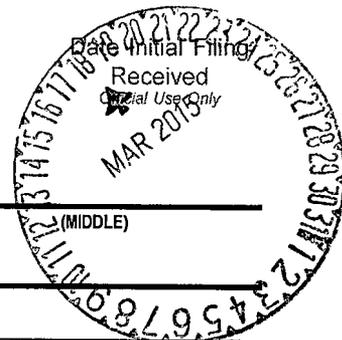


**STATEMENT OF ECONOMIC INTERESTS**

COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 GORIN SUSAN

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 COUNTY OF SONOMA  
 Division, Board, Department, District, if applicable Your Position  
 BOARD OF SUPERVISORS FIRST DISTRICT SUPERVISOR

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

Agency: SEE ATTACHED Position:

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

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of SONOMA
- Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

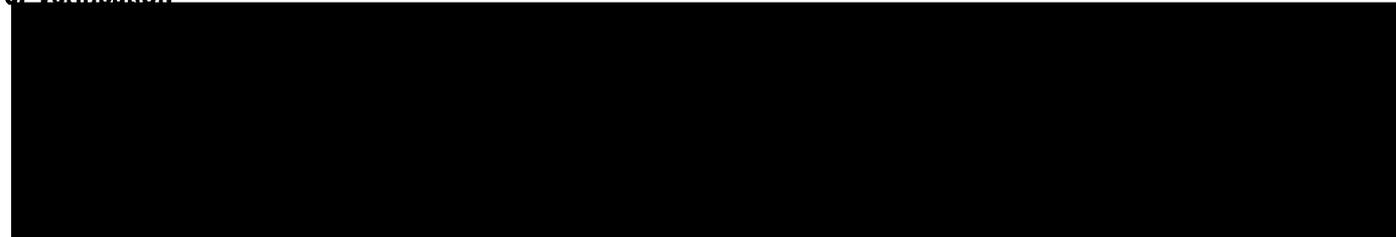
- Annual: The period covered is January 1, 2014, through December 31, 2014.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2014.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- 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.

RECEIVED  
 FAIR POLITICAL PRACTICES COMMISSION  
 2015 APR - 6 PM 3:44

**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

**5. Verification**



I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/16/15  
 (month, day, year)

**SCHEDULE A-1**  
**Investments**  
**Stocks, Bonds, and Other Interests**  
 (Ownership Interest is Less Than 10%)  
 Do not attach brokerage or financial statements.

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <b>SUSAN GORIN</b>
---

▶ NAME OF BUSINESS ENTITY  
**HEWLETT-PACKARD CO.**

GENERAL DESCRIPTION OF THIS BUSINESS  
**ELECTRONICS MANUFACTURING**

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / **14**      \_\_\_\_\_ / \_\_\_\_\_ / **14**  
 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:  
 \_\_\_\_\_ / \_\_\_\_\_ / **14**      \_\_\_\_\_ / \_\_\_\_\_ / **14**  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
**AGILENT TECHNOLOGIES, INC**

GENERAL DESCRIPTION OF THIS BUSINESS  
**ELECTRONICS MANUFACTURING**

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / **14**      **09** / **01** / **14**  
 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:  
 \_\_\_\_\_ / \_\_\_\_\_ / **14**      \_\_\_\_\_ / \_\_\_\_\_ / **14**  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
**KEYSIGHT TECHNOLOGIES**

GENERAL DESCRIPTION OF THIS BUSINESS  
**ELECTRONICS MANUFACTURING**

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:  
**11** / **01** / **14**      \_\_\_\_\_ / \_\_\_\_\_ / **14**  
 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:  
 \_\_\_\_\_ / \_\_\_\_\_ / **14**      \_\_\_\_\_ / \_\_\_\_\_ / **14**  
 ACQUIRED                                  DISPOSED

Comments: \_\_\_\_\_

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 SUSAN GORIN

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME AGILENT TECHNOLOGIES, INC.	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) 1400 Fountaingrove Pkwy, Santa Rosa 95403	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE ELECTRONICS ENGINEER	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" 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.)	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"/> 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"/> Sale of _____ (Real property, car, boat, etc.)
<input type="checkbox"/> Loan repayment	<input type="checkbox"/> Loan repayment
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more	<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more
_____ (Describe)	_____ (Describe)
<input type="checkbox"/> Other _____ (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	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		
_____		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Real Property _____	Street address
<input type="checkbox"/> \$500 - \$1,000		_____
<input type="checkbox"/> \$1,001 - \$10,000		City
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	(Describe)

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
**SUSAN GORIN**

▶ NAME OF SOURCE *(Not an Acronym)*  
**Sonoma Valley Visitor's Bureau**

ADDRESS *(Business Address Acceptable)*  
**453 First Street E, Sonoma, CA 95476**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Tourism**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 25 / 14	\$ 350.00	tickets (2)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**Out in the Vineyard**

ADDRESS *(Business Address Acceptable)*  
**16926 Eveton Lane, Sonoma 95476**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Tourism**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ 94.00	tickets (2)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**Tito Sasaki**

ADDRESS *(Business Address Acceptable)*  
**970 Piner Road, Santa Rosa, CA 95403**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Agriculture**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 01 / 14	\$ 75.00	ticket (1)
07 / 17 / 14	\$ 180.00	ticket (2)
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**No. California Center for Well Being**

ADDRESS *(Business Address Acceptable)*  
**365 Tesconi Circle, Suite B, Santa Rosa, CA 95401**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Healthcare**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 12 / 14	\$ 70.00	tickets (1)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**Herman Hernandez**

ADDRESS *(Business Address Acceptable)*  
**PO Box 105, Guerneville, CA 95446**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Rotary/Community Service**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 18 / 14	\$ 65.00	ticket (1)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_

Attachment to California Form 700  
Statement of Economic Interests  
Annual Statement for Calendar Year 2014  
Cover Page – Continued

Susan Gorin

<u>Agency</u>	<u>Position</u>
Association of Bay Area Governments	Member
Bay Conservation Development Commission	Commissioner
Local Agency Formation Commission	Commissioner
North Bay Water Reuse Authority	Director
Oversight Board for County of Sonoma, As Successor Agency for the Redevelopment Agency	Representative
Sonoma Clean Power	Director
Sonoma Valley Sanitation District	Director

CG