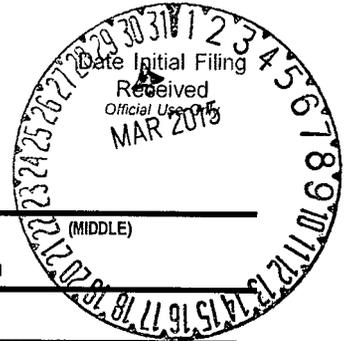


STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Rabbitt David Allen

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Board of Supervisors Supervisor, Second District
Division, Board, Department, District, if applicable Your Position

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

Agency: See Attachment A Position: See Attachment A

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of Sonoma
- City 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.
- 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.
- Assuming Office: Date assumed _____
- Candidate: Election year _____ and office sought, if different than Part 1: _____

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
MAR -6 PM 3:14

4. Schedule Summary

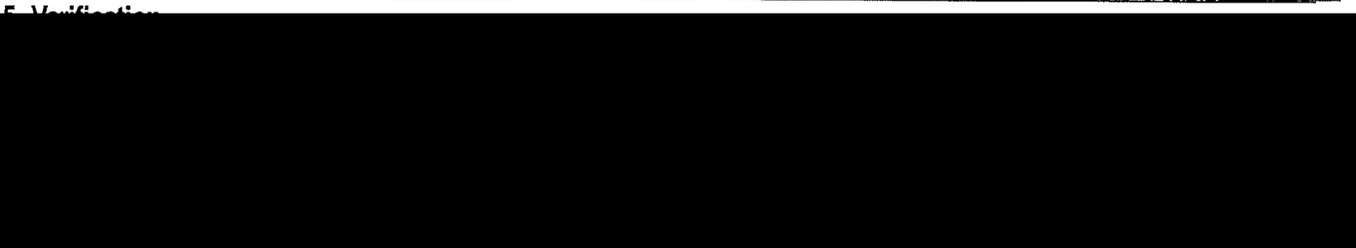
Check applicable schedules or "None."

► 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 of

Date Signed 03/02/2015
(month, day, year)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

| |
|--|
| CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> |
| Name <u>David Allen Rabbitt</u> |

▶ 1. BUSINESS ENTITY OR TRUST

See Attachment

Name
12 Drakewood Lane, Novato, CA 94947

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 | | <u> </u> / <u> </u> / <u>14</u> | <u> </u> / <u> </u> / <u>14</u> |
| <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 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)

| | |
|---|--|
| <input type="checkbox"/> \$0 - \$499 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000 | <input checked="" type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> \$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

Bipass Trust of the Henry & Kathleen Rabbitt 1999
Revocable Trust: \$72,000.00

▶ 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 | | <u> </u> / <u> </u> / <u>14</u> | <u> </u> / <u> </u> / <u>14</u> |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | ACQUIRED | DISPOSED |
| <input type="checkbox"/> Over \$1,000,000 | | | |

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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

▶ 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 | | <u> </u> / <u> </u> / <u>14</u> | <u> </u> / <u> </u> / <u>14</u> |
| <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 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)

| | |
|---|---|
| <input type="checkbox"/> \$0 - \$499 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> \$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

▶ 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 | | <u> </u> / <u> </u> / <u>14</u> | <u> </u> / <u> </u> / <u>14</u> |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | ACQUIRED | DISPOSED |
| <input type="checkbox"/> Over \$1,000,000 | | | |

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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

Comments: _____

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

| |
|--|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name David Allen Rabbitt |
|--|

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 University of California San Francisco

ADDRESS (Business Address Acceptable)
 400 Parnassus Avenue, S.F., CA 94143

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Healthcare

YOUR BUSINESS POSITION
 Clinical Nurse Specialist

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

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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 TERM (Months/Years)

_____ % None _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____

 Street address

 City

Guarantor _____

Other _____
 (Describe)

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 David Allen Rabbitt

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 CA. Alfred E. Alquist Seismic Safety Commission

ADDRESS (Business Address Acceptable)
 1755 Creekside Oaks Drive, Suite 100 Sacramento

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Seismic Safety Commission

YOUR BUSINESS POSITION
 Commissioner

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 Meeting Stipend

 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Sonoma-Marín Area Rail Transit

ADDRESS (Business Address Acceptable)
 5401 Old Redwood Highway, Suite 200, Petaluma

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Board of Directors

YOUR BUSINESS POSITION
 Board Director

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

Name
 David Allen Rabbitt

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Golden Gate Bridge Highway Transportation District

ADDRESS (Business Address Acceptable)
 P.O. Box 9000, Presidio Station, S.F., CA 94129

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Bridge Highway Transportation District

YOUR BUSINESS POSITION
 Board Director

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 Meeting Stipend
 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Association of Bay Area Governments

ADDRESS (Business Address Acceptable)
 P.O. Box 2050, Oakland, CA 94604

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Council of Governments

YOUR BUSINESS POSITION
 Board Director

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 Meeting Stipend
 (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
 David Allen Rabbitt

▶ NAME OF SOURCE (Not an Acronym)
 Tito Sasaki

ADDRESS (Business Address Acceptable)
 P.O. Box, Vineburg, CA 95487

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Farmer

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 02 / 01 / 14 | \$ 190.00 | Fundraiser Ticket |
| / / | \$ | |
| / / | \$ | |

▶ NAME OF SOURCE (Not an Acronym)
 Bohemian Club

ADDRESS (Business Address Acceptable)
 20601 Bohemian Hwy, Monte Rio, CA 95462

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Private Club

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 05 / 17 / 14 | \$ 75.00 | Luncheon |
| / / | \$ | |
| / / | \$ | |

▶ NAME OF SOURCE (Not an Acronym)
 Sonoma County Hispanic Chamber of Commerce

ADDRESS (Business Address Acceptable)
 3033 Cleveland Ave, Ste 306 Santa Rosa 95403

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Scholarship Awards Gala

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 06 / 21 / 14 | \$ 75.00 | Event Ticket |
| / / | \$ | |
| / / | \$ | |

▶ NAME OF SOURCE (Not an Acronym)
 Max Mickelsen

ADDRESS (Business Address Acceptable)
 100 4th Street, Petaluma, CA 94952

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Attorney at Law

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 03 / 08 / 14 | \$ 80.00 | Fundraiser Ticket |
| / / | \$ | |
| / / | \$ | |

▶ NAME OF SOURCE (Not an Acronym)
 PEP Housing

ADDRESS (Business Address Acceptable)
 951 Petaluma Blvd South Petaluma 94952

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 PEP Housing Gala Fundraiser

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 05 / 10 / 14 | \$ 55.00 | Fundraiser Ticket |
| / / | \$ | |
| / / | \$ | |

▶ NAME OF SOURCE (Not an Acronym)
 Boys & Girls Clubs of Marin and Southern Sonoma

ADDRESS (Business Address Acceptable)
 203 Maria Drive Petaluma, CA 94954-2301

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Boys & Girls Clubs of Marin and Southern Sonoma

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 01 / 25 / 14 | \$ 85.00 | Fundraiser Ticket |
| / / | \$ | |
| / / | \$ | |

Comments: _____

Attachment A

Cover Page

Multiple Positions:

| Jurisdiction | Department/Entity | Position |
|---------------------|---|---------------------|
| | <i>County of Sonoma, Board of Supervisors</i> | <i>Supervisor</i> |
| | <i>Golden Gate Bridge Highway Transportation District</i> | <i>Director</i> |
| | <i>Association of Bay Area Governments</i> | <i>Director</i> |
| | <i>Sonoma County Employee Retirement Board</i> | <i>Trustee</i> |
| | <i>Sonoma Marin Area Rail Transit</i> | <i>Director</i> |
| | <i>North Bay Water Reuse Authority</i> | <i>Director</i> |
| | <i>California Alfred E. Alquist Seismic Safety Commission</i> | <i>Commissioner</i> |
| | <i>Sonoma County Transportation Authority</i> | <i>Director</i> |
| | <i>Building Economic Success Together</i> | <i>Director</i> |
| | <i>Successor Agency, City of Petaluma</i> | <i>Director</i> |
| | <i>Successor Agency, City of Cotati</i> | <i>Director</i> |

Name/Counties

County of Sonoma
Sonoma

Golden Gate Bridge Highway Transportation District
DelNorte, Mendocino, Sonoma, Napa, Marin, San Francisco

Association of Bay Area Governments
Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma

Sonoma County Employee Retirement Board
Sonoma

Sonoma Marin Area Rail Transit
Sonoma, Marin

Sonoma County Transportation Authority
Sonoma

Regional Climate Protection Authority
Sonoma

Attachment A (con't)

*Alfred E. Alquist, California Seismic Safety Commission
All California Counties*

*Building Economic Success Together
Sonoma*

*Successor Agency, City of Petaluma
City of Petaluma, County of Sonoma*

*Successor Agency, City of Cotati
City of Cotati, County of Sonoma*

**Schedule A-2
Business Entity or Trust**

Name

Bypass Trust of the Henry and Kathleen Rabbitt 1999 Revocable Trust