

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Zane Shirlee Ruth

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Sonoma County Board of Supervisors

Division, Board, Department, District, if applicable

Third District

Your Position

County Supervisor

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

Agency: See attached for additional agencies

Position:

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

State

Alameda, Contra Costa, Marin,

Multi-County Napa, San Francisco, San Mateo,

Santa Clara, Sonoma, Solano

City of _____

Judge or Court Commissioner (Statewide Jurisdiction)

County 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.

Assuming Office: Date assumed _____

The period covered is _____ through the date of leaving office.

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: 5

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

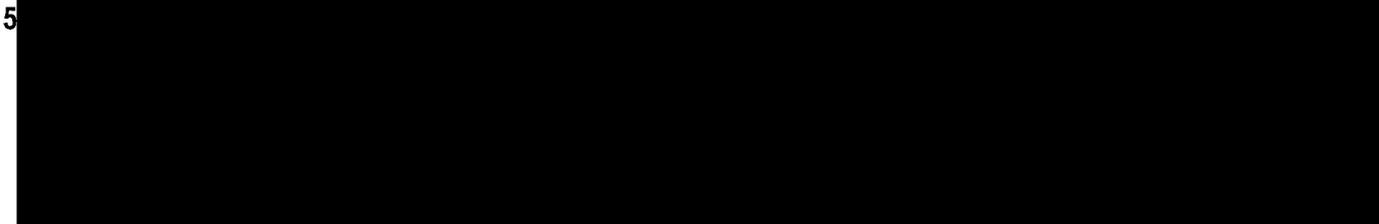
Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule



I have read all reasonable schedules in preparing this statement. The information herein and in any attached schedules is true and complete. I acknowledge and certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Date Signed 3/10/2015
 (month, day, year)

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
 Shirlee Zane

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 1111 McDonald Ave

CITY
 Santa Rosa, CA 95404

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 / / 14 DISPOSED / / 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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 920 Stevenson Street

CITY
 Santa Rosa, CA 95404

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 / / 14 DISPOSED 03 / 01 / 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
 Sabrina Michaels

* 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 _____ % None TERM (Months/Years) _____

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 _____ % None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Shirlee Zane

▶ NAME OF SOURCE (Not an Acronym)
 Republic Services

ADDRESS (Business Address Acceptable)
 500 Meecham Road, Petaluma, CA 94952

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Waste Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 10 / 14	\$ 50.00	Charity dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Tito Sasaki, Sonoma County Farm Bureau

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	\$ 95.00	Charity dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 John Bly, Engineering Contractors Association

ADDRESS (Business Address Acceptable)
 1000 Apollo Way, #100, Santa Rosa, CA 95407

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 25 / 14	\$ 150.00	Charity golf tournamnt
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Elizabeth Gore, United Nations Foundation

ADDRESS (Business Address Acceptable)
 1750 Pennsylvania Ave., NW, Suite 300, Wash., DC

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Global partnership advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 26 / 14	\$ 100.00	Charity lunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Diana Curtin, Chops Teen Club

ADDRESS (Business Address Acceptable)
 509 Adams Street, Santa Rosa, CA 95401

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Youth services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 13 / 14	\$ 125.00	Charity dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Michelle Whitman

ADDRESS (Business Address Acceptable)
 575 Administration Drive, Room 100A, Santa Rosa,

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Public service

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 19 / 14	\$ 75.00	Fundraiser dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Shirlee Zane

▶ NAME OF SOURCE *(Not an Acronym)*
 Sonoma County Task Force for the Homeless

ADDRESS *(Business Address Acceptable)*
 3315 Airway Drive, Santa Rosa, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Homeless services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 02 / 14	\$ 100.00	Charity dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
 Sonoma Clean Power

ADDRESS *(Business Address Acceptable)*
 50 Old Courthouse Sq., # 605, Santa Rosa, CA 95404

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Electricity provider

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 01 / 14	\$ 120.00	Charity dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

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

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

▶ 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: _____

Sonoma County Supervisor Shirlee Zane, 3rd District

Additional Agencies & Positions – County of Sonoma

California Form 700

Reporting period: 1/1/2014 through 12/31/14

Sonoma County Transportation Authority – *Boardmember*

Regional Climate Protection Authority – *Boardmember*

Sonoma Marin Rail Transit (SMART)-*Boardmember*

 Bay Area Air Quality Management District-*Boardmember*

City of Santa Rosa Oversight Board-*Boardmember*

Sonoma County Waste Management Agency-*Boardmember*

City of Rohnert Park Oversight Board-*Boardmember and Chairwoman*

Sonoma Clean Power-*Boardmember*

Sonoma County Indian Gaming Local Community Benefit Committee – *Alternate*

FishNet4c-*Alternate*

 San Francisco Bay Conservation and Development Commission – *Alternate*