

RECEIVED  
APR 02 2013  
FPPC

STATEMENT OF ECONOMIC INTERESTS

Date Received  
Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER

By (LAST) Seamans

(FIRST) Susan

(MIDDLE) W

1. Office, Agency, or Court

Agency Name

City of Rolling Hills Estates

Mayor / Council member

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency:

South Bay Cities Council of Governments

Position:

Alternate Board Member

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of \_\_\_\_\_

City of

Rolling Hills Estates

Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2012, through December 31, 2012.

Leaving Office: Date Left \_\_\_\_\_ (Check one)

-or-

The period covered is \_\_\_\_\_, through December 31, 2012.

The period covered is January 1, 2012, 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: 6

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

RECEIVED  
MAR 27 2013

5. Verification

herein and in any attached schedules is true and complete. I acknowledge

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

Date Signed

3-27-13

(month, day, year)

schedule A2

# Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

FAIR POLITICAL PRACTICES COMMISSION

Name  
Susan Seamans

▶ 1. BUSINESS ENTITY OR TRUST

Name Susan Seamans Interiors  
Address (Business Address Acceptable) Peacock Ln. RHEst CA 90227

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Interior design Consultant

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:     /     / 11        /     / 11  
 ACQUIRED                      DISPOSED

NATURE OF INVESTMENT  
 Sole Proprietorship    Partnership    Other

YOUR BUSINESS POSITION owner

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

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

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

none

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD 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:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:     /     / 11        /     / 11  
 ACQUIRED                      DISPOSED

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: \_\_\_\_\_

▶ 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 BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:     /     / 11        /     / 11  
 ACQUIRED                      DISPOSED

NATURE OF INVESTMENT  
 Sole Proprietorship    Partnership    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  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

\_\_\_\_\_

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD 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:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:     /     / 11        /     / 11  
 ACQUIRED                      DISPOSED

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

**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

FAIR POLITICAL PRACTICES COMMISSION

Name

*S. Seaman*

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
1 Peacock Lane

CITY  
Rolling Hills Est CA 90274

FAIR MARKET VALUE  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
 ACQUIRED 1/11 DISPOSED 1/11  
Private Residence

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.

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 \_\_\_\_\_

CITY  
 \_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
 ACQUIRED 1/11 DISPOSED 1/11?

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.

\* 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 D Income - Gifts

CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION

Name: S. Seaman

▶ NAME OF SOURCE  
Palos Verdes Peninsula Chamber of Com

ADDRESS (Business Address Acceptable)  
71 Support local business

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Silver Spur Rd RHE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1, 12</u>	<u>\$ 125</u>	<u>dinner</u>
<u>4, 20, 12</u>	<u>\$ 45</u>	<u>legis lunch</u>

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)

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

**From:** "Hope Nolan" <HopeN@ci.rolling-hills-estates.ca.us>  
**To:** <judith.mitchell@cox.net>; "Susan Seamans" <suzyseamans@cox.net>; "John Addleman" <jaddleman9@cox.net>  
**Sent:** Monday, January 30, 2012 11:26 AM  
**Subject:** Salute to Business Dinner

Hello everyone,

Just letting you know that the Chamber has comp'd your tickets at a cost of \$125 each (they had extra) so please remember to report that on your Form 700 next year.

Thanks!

Hope Nolan  
Deputy City Clerk  
City of Rolling Hills Estates  
4045 Palos Verdes Drive North  
Rolling Hills Estates, CA 90274  
(310) 377-1577 Ext. 102  
HopeN@RollingHillsEstatesCA.gov

Chamber Legislative Luncheon  
April 20, 2012 \$45  
Compt'd

1/30/2012



**SCHEDULE E**  
**Income - Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
J. Seaman

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE  
League of CA Cities

ADDRESS (Business Address Acceptable)  
1400 K St.

CITY AND STATE  
Sacramento CA 97814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Support for CA cities

DATE(S): 11/9/12 AMT: \$ 38.29  
(If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
Member of policy committee  
Lunches

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_\_ AMT: \$ \_\_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ NAME OF SOURCE  
League of CA Cities

ADDRESS (Business Address Acceptable)  
1400 K ST.

CITY AND STATE  
Sac to CA 97814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Support for CA cities

DATE(S): 6/14/12 AMT: \$ 38.49  
(If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_\_ AMT: \$ \_\_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description

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