



CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) Pannell, Bonnie Jean (FIRST) (MIDDLE)

1. Office, Agency, or Court

Agency Name

CITY OF SACRAMENTO

Division, Board, Department, District, if applicable

Your Position

Mayor and Council Office

City Council

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS

Position: _____

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of Sacramento

City of Sacramento

Other Multi-Jurisdictional _____

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: 4

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

5.

I have used all reasonable diligence in preparing this statement. I have reviewed the information herein and in any attached schedules is true and complete. I acknowledge and understand that I am responsible for the accuracy and completeness of the information provided.

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

Date Signed 03/13/2013
(month, day, year)

(File the originally signed statement with your filing official.)

Agency	Division, Board, Department, District	Position
Regional Human Rights/Fair Housing Commission	Mayor and Council Office	Member
Sac Area Flood Control Agency	Mayor and Council Office	Member
Sac Area Sewer District Board	Mayor and Council Office	Member
Sac Groundwater Authority	Mayor and Council Office	Member
Sac Metropolitan Cable Commission	Mayor and Council Office	Member
Sac Public Library Authority	Mayor and Council Office	Member
Sac Regional County Sanitation District	Mayor and Council Office	Member
 Sac Regional Transit	Mayor and Council Office	Member
 Sac Transportation Authority	Mayor and Council Office	Member
 Freeport Regional Water Agency Board	Mayor and Council Office	Member
 Paratransit Board	Mayor and Council Office	Member

SCHEDULE D
Income – Gifts

Name
Pannell, Bonnie Jean

▶ NAME OF SOURCE (Not an Acronym)
Sacramento Regional Transit
 ADDRESS (Business Address Acceptable)
1400 29th Street
Sacramento CA 95812
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Transit Authority

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 14 / 12</u>	<u>\$ 100.00</u>	<u>Dinner Ticket</u>
<u>03 / 02 / 12</u>	<u>\$ 150.00</u>	<u>Dinner Ticket</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Dana Howard
 ADDRESS (Business Address Acceptable)
2495 Natomas Park Drive Suite 200
Sacramento CA 95833
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Closing the Gap Student Achievement Org.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 15 / 12</u>	<u>\$ 330.00</u>	<u>Event Tickets</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Law Offices of Gregory D. Thatch
 ADDRESS (Business Address Acceptable)
1730 I Street Suite 220
Sacramento CA 95811
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Lobbyist

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 22 / 12</u>	<u>\$ 145.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
A. Teichert & Sons
 ADDRESS (Business Address Acceptable)
3500 American River Drive
Sacramento CA 95864
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Construction Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 23 / 12</u>	<u>\$ 112.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Sutter Health
 ADDRESS (Business Address Acceptable)
1515 L Street
Sacramento CA 95819
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Hospital

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 22 / 12</u>	<u>\$ 119.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Sacramento Traditional Jazz Society
 ADDRESS (Business Address Acceptable)
2787 Del Monte Street
West Sacramento CA 95691
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Jazz Society

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 25 / 12</u>	<u>\$ 240.00</u>	<u>6 Tickets</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Pannell, Bonnie Jean

▶ NAME OF SOURCE (Not an Acronym)
California Exposition & State Fair
 ADDRESS (Business Address Acceptable)
P.O. Box 15649
Sacramento CA 95816
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

State Fair

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 12 / 12</u>	<u>\$ 75.00</u>	<u>Tickets</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Sacramento Convention Visitors Bureau
 ADDRESS (Business Address Acceptable)
1608 I Street
Sacramento CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Visitors Bureau

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 09 / 12</u>	<u>\$ 55.00</u>	<u>Luncheon Ticket</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Region Builders
 ADDRESS (Business Address Acceptable)
1331 T Street
Sacramento CA 95811
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Lobbyist

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 10 / 12</u>	<u>\$ 95.00</u>	<u>Event Ticket</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Kaiser Foundation Health Plan
 ADDRESS (Business Address Acceptable)
6600 Bruceville Road
Sacramento CA 95823
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Hospital

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 19 / 12</u>	<u>\$ 55.00</u>	<u>Luncheon Ticket</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Downtown Sacramento Partnership
 ADDRESS (Business Address Acceptable)
980 - 9th Street Suite 400
Sacramento CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Business Improvement District

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 02 / 12</u>	<u>\$ 120.00</u>	<u>20 Ice Rink Tickets</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: _____