

FEB 28 2013 Received
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Eggman Susan

1. Office, Agency, or Court

Agency Name
Ca State Legislature
Division, Board, Department, District, if applicable
Assembly
Your Position
Assemblymember

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

Agency: _____ Position: _____

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of _____ 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: 8

- 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



herein and in any attached schedules is true and complete. I acknowledge this is
I certify under penalty of perjury under the laws of the State of California that

Date Signed 2-26-13
(month, day, year)

Signature

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Susan Eggman

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME City of Stockton	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) 425 N. El Dorado, Stockton, CA 95203	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE Council Member	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION District 5	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input 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 <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>

▶ 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 <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	INTEREST RATE _____% <input type="checkbox"/> None TERM (Months/Years) _____
SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>	

Comments: _____

**SCHEDULE D
Income - Gifts**

Name
Susan Eggman

▶ NAME OF SOURCE (Not an Acronym)
California Latino Caucus Leadership PAC

ADDRESS (Business Address Acceptable)
400 Capitol Mall, 22nd floor, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
PAC

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12, 02, 12	\$76.00	Lunch/Caricature
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
San Joaquin County Farm Bureau

ADDRESS (Business Address Acceptable)
3290 N. Ad Art Road, Stockton, CA 95215

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-Profit Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12, 17, 12	\$30.00	1 Dinner ticket
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Chukchansi Economic Development Authority

ADDRESS (Business Address Acceptable)
46675 Road 417, Bldg., C, Coursegold, CA 93614

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Private Economic Development Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12, 19, 12	\$102.76	2 Dinner tickets
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Far West Equipment Dealers Association

ADDRESS (Business Address Acceptable)
2355 N. Lincoln St., Dixon, CA 95620

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-Profit Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12, 03, 12	\$357.14	Reception
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California Grape and Tree Fruit League

ADDRESS (Business Address Acceptable)
978 W. Alluvial, Suite #107, Fresno, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit Agricultural Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12, 03, 12	\$31.75	Reception
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Northern California Carpenters

ADDRESS (Business Address Acceptable)
1421 Moffat Blvd., Manteca, CA 95336

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12, 14, 12	\$50.00	1 Dinner ticket
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

SCHEDULE D
Income - Gifts

Name
Susan Eggman

▶ NAME OF SOURCE (Not an Acronym)
Toni Atkins for Assembly 2012

ADDRESS (Business Address Acceptable)
330 Encinitas Blvd., Suite# 101, Encinitas, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
PAC

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11, 15, 12	\$30.00	Dinner
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
League of Ca Cities

ADDRESS (Business Address Acceptable)
1400 K St., Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
non-profit/representing Ca Cities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11, 15, 12	\$14.00	Reception
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California Democratic Party

ADDRESS (Business Address Acceptable)
1401 21st St., Suite #200, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11, 08, 12	\$62.00	Lunch
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
John A. Perez for Assembly 2012

ADDRESS (Business Address Acceptable)
777 S. Figueroa Suite 4050, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
PAC

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11, 14, 12	\$21.00	Breakfast
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
John A. Perez for Assembly 2012

ADDRESS (Business Address Acceptable)
777 S. Figueroa Suite 4050, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
PAC

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12, 02, 12	\$85.80	personalized bowl
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
John A. Perez for Assembly 2012

ADDRESS (Business Address Acceptable)
777 S. Figueroa Suite 4050, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
PAC

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12, 02, 12	\$20.33	Breakfast
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

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

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name Susan Eggman
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- 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 or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
 Callfomla Issues Forum

ADDRESS (Business Address Acceptable)
 1717 I Street

CITY AND STATE
 Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 501 C4 non-profit Organization

DATE(S): 08 / 10 / 12 - 08 / 10 / 12 AMT: \$ 990.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated In a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)
 California Issues Forum

ADDRESS (Business Address Acceptable)
 1717 I Street

CITY AND STATE
 Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 501 C4 non-profit Organization

DATE(S): 12 / 11 / 12 - 12 / 12 / 12 AMT: \$ 835.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated In a Panel
 Other - Provide Description
meals and lodging

▶ NAME OF SOURCE (Not an Acronym)
 TechNet

ADDRESS (Business Address Acceptable)
 5050 El Camino Real, Sulte #106

CITY AND STATE
 Los Altos, CA 94022

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Bi-Partisan Political Network

DATE(S): 12 / 12 / 12 - 12 / 13 / 12 AMT: \$ 457.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated In a Panel
 Other - Provide Description
Meals and lodging

▶ NAME OF SOURCE (Not an Acronym)
 Ca Foundation on the Environment and the Economy

ADDRESS (Business Address Acceptable)
 Pler 36, Sulte #302

CITY AND STATE
 San Francisco, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Independent Non-profit Institution

DATE(S): 12 / 06 / 12 - 12 / 07 / 12 AMT: \$ 526.99
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated In a Panel
 Other - Provide Description
Meals and lodging

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

- 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 or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
 Ca Foundation for the Environment and the Economy

ADDRESS (Business Address Acceptable)
 Pier 35, Sulte # 202

CITY AND STATE
 San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Independent non-profit Institution

DATE(S): 09 / 27 / 12 - 09 / 28 / 12 AMT: \$ 495.69
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Attended Conference/Dinner

▶ NAME OF SOURCE (Not an Acronym)

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 (Not an Acronym)

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 (Not an Acronym)

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: _____