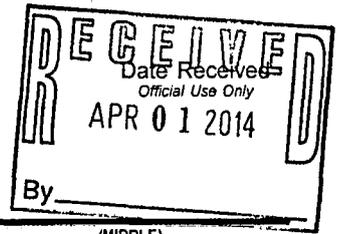


ANNOTS



STATEMENT OF ECONOMIC INTERESTS COVER PAGE (TN)



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) BRUINS JEANNIE A

1. Office, Agency, or Court

Agency Name (Do not use acronyms) CITRUS HEIGHTS CITY COUNCIL
Division, Board, Department, District, if applicable
Your Position COUNCIL MEMBER

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

Agency: Position:

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

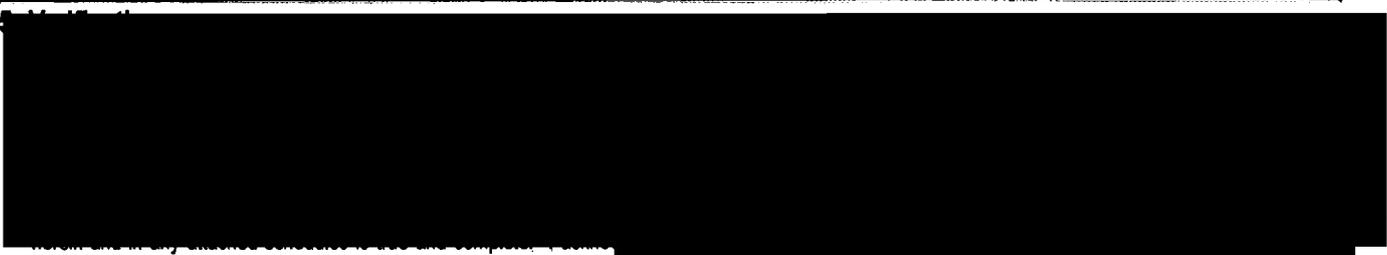
- State
Multi-County
City of CITRUS HEIGHTS
Judge or Court Commissioner (Statewide Jurisdiction)
County of
Other

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

- Annual: The period covered is January 1, 2013, through December 31, 2013.
Leaving Office: Date Left
Assuming Office: Date assumed
Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

- 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
None - No reportable interests on any schedule



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

Date Signed 04/01/2014 (month, day, year)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
JEANNIE BRUINS

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
8417 CRUTCHFIELD COURT

CITY
CITRUS HEIGHTS CA 95610

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 / /13 DISPOSED / /13

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

CITY

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 / /13 DISPOSED / /13

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

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

Name
JEANNIE BRUINS

- 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)
LOCAL GOVERNMENT COMMISSION

ADDRESS (Business Address Acceptable)
1303 J STREET #250

CITY AND STATE
SACRAMENTO CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
NONPROFIT RE: HEALTHY COMMUNITIES

DATE(S): 09/29/13 - 10/01/13 AMT: \$ 915.76
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Scholarship to Attend Summit on Childhood Obesity in Baltimore, MD including travel, hotel, and meals

▶ NAME OF SOURCE (Not an Acronym)
SUNRISE MALL

ADDRESS (Business Address Acceptable)
6041 SUNRISE MALL

CITY AND STATE
CITRUS HEIGHTS CA 95610

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

DATE(S): 08/10/13 - 08/10/13 AMT: \$ 137.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
City sponsored concert series; tickets were a benefit of sponsorship; received 2 tickets to Dave Koz

▶ NAME OF SOURCE (Not an Acronym)
SUNRISE MALL

ADDRESS (Business Address Acceptable)
6041 SUNRISE MALL

CITY AND STATE
CITRUS HEIGHTS CA 95610

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

DATE(S): 08/24/13 - 08/24/13 AMT: \$ 137.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
City sponsored concert series; tickets were a benefit of sponsorship; received 2 tickets to see Amy Grant

▶ NAME OF SOURCE (Not an Acronym)
SUNRISE MALL

ADDRESS (Business Address Acceptable)
6041 SUNRISE MALL

CITY AND STATE
CITRUS HEIGHTS CA 95610

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

DATE(S): 08/31/13 - 08/31/13 AMT: \$ 137.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
City sponsored concert series; tickets were a benefit of sponsorship; received 2 tickets to see Boyz to Men

Comments: _____