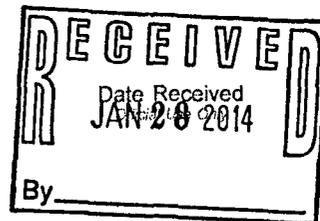


TN



Please type or print in ink.

2014 JAN 30 PM 2:11

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Frost Susan Jean

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Citrus Heights
Division, Board, Department, District, if applicable
Your Position
City 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.
- or-
- Assuming Office: Date assumed ____/____/____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left ____/____/____ (Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

- 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

-or-

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 correct.

Date Signed 01/27/2014
(month, day, year)

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

Name
Susan Jean Frost

▶ NAME OF BUSINESS ENTITY
Service Corp INTL

GENERAL DESCRIPTION OF THIS BUSINESS
Funeral Goods & Services

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

NATURE OF INVESTMENT IRA - Stock
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 13 / / 13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 13 / / 13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 13 / / 13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 13 / / 13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 13 / / 13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 13 / / 13
 ACQUIRED DISPOSED

Comments: _____

**SCHEDULE D
 Income - Gifts**

Name
 Susan Jean Frost

▶ NAME OF SOURCE
Hefner, Stark & Marois LLP
 ADDRESS (Business Address Acceptable)
2150 River Plaza Dr., Suite 450 Sacramento 95833
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cap to Cap (Sacramento Metro Chamber)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 13 / 13</u>	<u>\$ 123.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
PG&E
 ADDRESS (Business Address Acceptable)
5555 Florin Perkins Rd, Sacramento, CA 95826
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cap-To-Cap (Sacramento Metro Chamber)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 14 / 13</u>	<u>\$ 131.05</u>	<u>Dinner at the W Hotel</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Kaiser Foundation Health Plan, Inc.
 ADDRESS (Business Address Acceptable)
1600 Eureka Rd., Roseville, CA 95661
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cap-to-Cap (Sacramento Metro Chamber)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 14 / 13</u>	<u>\$ 131.05</u>	<u>Dinner at the W Hotel</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Capitol Southeast Connector JPA
 ADDRESS (Business Address Acceptable)
10640 Mather Blvd, Ste 120, Mather, CA 95655
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cap-To-Cap (Sacramento Metro Chamber)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 14 / 13</u>	<u>\$ 131.05</u>	<u>Dinner at the W Hotel</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Teichert
 ADDRESS (Business Address Acceptable)
3500 American River Dr., Sacramento, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cap-To-Cap (Sacramento Metro Chamber)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 15 / 13</u>	<u>\$ 147.00</u>	<u>Spy Museum Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Sutter Health
 ADDRESS (Business Address Acceptable)
2200 River Plaza Drive, Sacramento, CA 95833
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cap-To-Cap (Sacramento Metro Chamber)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 15 / 13</u>	<u>\$ 147.00</u>	<u>Spy Museum Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: See additional pages attached

**SCHEDULE D
 Income - Gifts**

Name
 Susan Jean Frost

▶ NAME OF SOURCE
 Sacramento Tree Foundation

ADDRESS (Business Address Acceptable)
 191 Lathrop Way, Suite D, Sacramento, CA 95815

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Tree Hero Awards

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 22 / 13	\$ 250.00	Awards Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE
 KDandC - Computer Services

ADDRESS (Business Address Acceptable)
 7412 Hollyhock Court, Citrus Heights, CA 95621

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Roseville Chamber of Commerce Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 14 / 13	\$ 100.00	Tickets-Splash Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: _____

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

Name
 Susan Jean Frost

- 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)
 Center for Global Policy Solutions

ADDRESS (Business Address Acceptable)
 1300 L Street, NW Suite 975

CITY AND STATE
 Washington, DC 20005

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Childhood Obesity Prevention Summit

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 for a two day Summit (Seminars)

▶ 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: _____