RECEIVED

Date Received
FEB 26 2014
BY: Olga

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2014 FEB 26 PM 2:36

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Donnelly	Timothy	Michael

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California State Assembly

Division, Board, Department, District, if applicable: District 33

Your Position: Assemblyman

► 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)*

- [x] State
- [ ] Multi-County _____
- [ ] City of _____
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [ ] County of _____
- [ ] Other _____

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

- [x] **Annual:** The period covered is January 1, 2013, through December 31, 2013.
  -or-
  The period covered is ____/____/_____, through December 31, 2013.
- [ ] **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:*** 7

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [x] **Schedule A-2** - *Investments* – schedule attached
- [ ] **Schedule B** - *Real Property* – schedule attached
- [x] **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- [x] **Schedule D** - *Income – Gifts* – schedule attached
- [ ] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

- [ ] **None** - *No reportable interests on any schedule*

5.

(c)(1)

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

(c)(1)

Date Signed FEB 20, 2014
(month, day, year)

Sig

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Timothy Michael Donnelly

▶ 1. BUSINESS ENTITY OR TRUST

Rowena Donnelly TTEE FBO Daniel Donnelly
Name

P.O. Box 426, Twin Peaks, Ca. 92391
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

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

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ 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.)

☐ None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☑ INVESTMENT ☐ REAL PROPERTY

CalWest Bancorp
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Retail Banking
Description of Business Activity or
City or Other Precise Location of Real Property

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

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

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☑ Stock ☐ Partnership

☐ Leasehold ____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Rowena Donnelly TTEE FBO Daniel Donnelly
Name

P.O. Box 426, Twin Peaks, Ca. 92391
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

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

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ 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.)

☐ None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☑ INVESTMENT ☐ REAL PROPERTY

Green Mountain Coffee
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Consumer Coffee & Equipment Products
Description of Business Activity or
City or Other Precise Location of Real Property

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

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

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☑ Stock ☐ Partnership

☐ Leasehold ____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Timothy Michael Donnelly

▶ 1. BUSINESS ENTITY OR TRUST

Rowena Donnelly TTEE FBO Daniel Donnelly
Name

P.O. Box 426, Twin Peaks, Ca. 92391
Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

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

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ 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)

☐ None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☑ INVESTMENT ☐ REAL PROPERTY

Smith and Wesson
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Firearm Mfg.
Description of Business Activity or
City or Other Precise Location of Real Property

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

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED 11/14/13 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☑ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

▶ 1. BUSINESS ENTITY OR TRUST

Rowena Donnelly TTEE FBO Daniel Donnelly
Name

P.O. Box 426, Twin Peaks, Ca. 92391
Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

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

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ 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)

☐ None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☑ INVESTMENT ☐ REAL PROPERTY

Greenbrier Cos. Inc.
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Railroad Freight Car Mfg.
Description of Business Activity or
City or Other Precise Location of Real Property

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

IF APPLICABLE, LIST DATE:
01/04/13 ACQUIRED ___/___/13 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☑ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Timothy Michael Donnelly

▶ 1. BUSINESS ENTITY OR TRUST

Name: Rowena Donnelly TTEE FBO Daniel Donnelly

Address (Business Address Acceptable): P.O. Box 426, Twin Peaks, Ca. 92391

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

GENERAL DESCRIPTION OF THIS BUSINESS:

FAIR MARKET VALUE:
- ☐ $0 - $1,999
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

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

NATURE OF INVESTMENT: ☐ Partnership ☐ Sole Proprietorship ☐ _____ 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)

☐ None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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: Cabela's Inc.

Description of Business Activity or City or Other Precise Location of Real Property: Sporting Goods Retailer

FAIR MARKET VALUE:
- ☐ $2,000 - $10,000
- ☑ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE: 01/15/13 ACQUIRED 01/25/13 DISPOSED

NATURE OF INTEREST: ☐ Property Ownership/Deed of Trust ☑ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

▶ 1. BUSINESS ENTITY OR TRUST

Name: Rowena Donnelly TTEE FBO Daniel Donnelly

Address (Business Address Acceptable): P.O. Box 426, Twin Peaks, Ca. 92391

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

GENERAL DESCRIPTION OF THIS BUSINESS:

FAIR MARKET VALUE:
- ☐ $0 - $1,999
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

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

NATURE OF INVESTMENT: ☐ Partnership ☐ Sole Proprietorship ☐ _____ 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)

☐ None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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: Select Comfort Corp.

Description of Business Activity or City or Other Precise Location of Real Property: Bedding Mfg./Retailer

FAIR MARKET VALUE:
- ☐ $2,000 - $10,000
- ☑ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE: 01/25/13 ACQUIRED ___/___/13 DISPOSED

NATURE OF INTEREST: ☐ Property Ownership/Deed of Trust ☑ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Timothy Michael Donnelly

▶ 1. BUSINESS ENTITY OR TRUST

Name: Rowena Donnelly TTEE FBO Daniel Donnelly

Address (Business Address Acceptable): P.O. Box 426, Twin Peaks, Ca. 92391

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

GENERAL DESCRIPTION OF THIS BUSINESS:

FAIR MARKET VALUE:
- ☐ $0 - $1,999
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

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

NATURE OF INVESTMENT: ☐ Partnership ☐ Sole Proprietorship ☐ _____ 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.)

☐ None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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: Outerwall Inc.

Description of Business Activity or City or Other Precise Location of Real Property: Automated Retail Solutions

FAIR MARKET VALUE:
- ☐ $2,000 - $10,000
- ☑ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE: 02/05/13 ACQUIRED ___/___/13 DISPOSED

NATURE OF INTEREST: ☐ Property Ownership/Deed of Trust ☑ Stock ☐ Partnership

☐ Leasehold ____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name: Rowena Donnelly TTEE FBO Daniel Donnelly

Address (Business Address Acceptable): P.O. Box 426, Twin Peaks, Ca. 92391

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

GENERAL DESCRIPTION OF THIS BUSINESS:

FAIR MARKET VALUE:
- ☐ $0 - $1,999
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

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

NATURE OF INVESTMENT: ☐ Partnership ☐ Sole Proprietorship ☐ _____ 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.)

☐ None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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: Apple Inc.

Description of Business Activity or City or Other Precise Location of Real Property: Consumer Products/Technology

FAIR MARKET VALUE:
- ☐ $2,000 - $10,000
- ☑ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE: 01/25/13 ACQUIRED 02/05/13 DISPOSED

NATURE OF INTEREST: ☐ Property Ownership/Deed of Trust ☑ Stock ☐ Partnership

☐ Leasehold ____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Timothy Michael Donnelly

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Infant Hearing Screening Service

ADDRESS *(Business Address Acceptable)*
1867 California Ave #101, Corona, CA 92881

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
SPOUSE - Hearing Screener

GROSS INCOME RECEIVED
☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☑ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____ *(Real property, car, boat, etc.)*
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
☐ Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____ *(Real property, car, boat, etc.)*
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
☐ Other _____ *(Describe)*

▶ 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
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

INTEREST RATE
_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
☐ None ☐ Personal residence
☐ Real Property _____ *Street address*
_____ *City*
☐ Guarantor _____
☐ Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Timothy Michael Donnelly

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Solano County Republican Central Committee
ADDRESS *(Business Address Acceptable)*
624 Jackson Street, Fairfield, CA 95433
BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/09/13	$ 150.00	Event ticket
02/09/13	$ 129.00	Lodging
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California New Car Dealers Association
ADDRESS *(Business Address Acceptable)*
1415 L Street, Suite 700, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Association Lobbying

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/13/13	$ 70.98	Food/Reception
03/13/13	$ 21.19	Entertainment
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
City of Los Angeles
ADDRESS *(Business Address Acceptable)*
200 N. Spring St., Los Angeles, CA 90012
BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/07/13	$ 60.00	Parking
08/16/13	$ 60.00	Parking
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
The Salt and Light Council
ADDRESS *(Business Address Acceptable)*
991 S. Lomas Santa Fe C-9119, Solana Beach, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Ministry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/11/13	$ 55.00	Books
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Max V. Kidalov
ADDRESS *(Business Address Acceptable)*
1114 Sinex Ave, Pacific Grove, CA 93950
BUSINESS ACTIVITY, IF ANY, OF SOURCE
College Professor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/16/13	$ 157.00	Boots
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

Comments:

RECEIVED

MAR 28 2014

BY: [illegible]

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 2014 MAR 28 PM 2:51

SCHEDULE A-2
Investments, Income and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

▶ 1. BUSINESS ENTITY OR TRUST

Name: Rowena Donnelly TTEE FBO Daniel Donnelly

Address (Business Address Acceptable): PO Box 426, Twin Peaks, CA. 92391

Check one: [✓] Trust, go to 2 [ ] Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- [ ] $0 - $1,999
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

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

NATURE OF INVESTMENT
[ ] Partnership [ ] Sole Proprietorship [ ] _____ 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

[ ] None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

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

NATURE OF INTEREST
[ ] Property Ownership/Deed of Trust [ ] Stock [ ] Partnership
[ ] Leasehold ___ Yrs. remaining [ ] Other _____

[ ] Check box if additional schedules reporting investments or real property are attached

Comments: _____

Filer's Verification

Print Name Timothy Michael Donnelly

Office, Agency or Court State Assemblymember, Dist. 33

Statement Type [X] 2013/2014 Annual [ ] ___ (yr) Annual [ ] Assuming [ ] Leaving [ ] Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of Cal (c)(1) [redacted]

Date Signed 3-28-2014 (month, day, year) **Filer's Si** [redacted]

Clear Page | Print Form

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Infant Hearing Screening Service

ADDRESS (Business Address Acceptable)
1867 California Ave, #101, Corona, CA 92881

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
SPOUSE - Hearing Screener

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [x] Spouse's or registered domestic partner's income
- [ ] Loan repayment
- [ ] Partnership
- [ ] Sale of _____ (Real property, car, boat, etc.)
- [ ] Commission or
- [ ] Rental Income, list each source of $10,000 or more
- [ ] Other _____ (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [ ] Spouse's or registered domestic partner's income
- [ ] Loan repayment
- [ ] Partnership
- [ ] Sale of _____ (Real property, car, boat, etc.)
- [ ] Commission or
- [ ] Rental Income, list each source of $10,000 or more
- [ ] Other _____ (Describe)

Comments:

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
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

INTEREST RATE
_____ % [ ] None

TERM (Months/Years)

SECURITY FOR LOAN
- [ ] None
- [ ] Personal residence
- [ ] Real Property _____ Street address
  _____ City
- [ ] Guarantor
- [ ] Other _____ (Describe)

Filer's Verification

Print Name Timothy Michael Donnelly **Office, Agency or Court** State Assembly, Dist. 33

Statement Type [x] 2013/2014 Annual [ ] ____ (yr) Annual [ ] Assuming [ ] Leaving [ ] Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

(c)(1)

Date Signed 3-28-2014 (month, day, year) **Filer's Signatu**

Clear Page | Print Form