

2013 AT

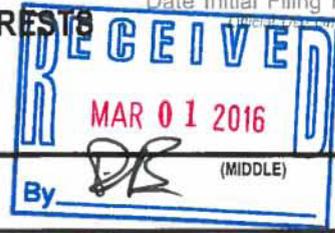
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Eggman Susan

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California Legislator
Division, Board, Department, District, if applicable
Your Position
Assemblymember

► 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 _____
- 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, 2015, through December 31, 2015.
- or- The period covered is 1 / 1 / 2013, 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, 2015, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

- Schedules attached
- 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

(d)(5)

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

Date Signed 3-1-16
(month, day, year)

Signature

(d)(5)

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

▶ 1. BUSINESS ENTITY OR TRUST

Name Shirley Ray Eggman Trust
3501 W. Tuolumne Rd., Turlock, CA 95380
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Family Trust

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 9/29/13 13
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship 1/3 ownership/trust
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 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY
Ray Eggman Apiators
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Farming
Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 9/29/13 13
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock | Partnership
 Leasehold _____ Yrs. remaining Other 1/3 owner in trust

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

Comments:

Filer's Verification

Print Name Susan Eggman
Office, Agency or Court Assembly
Statement Type 2015/2016 Annual 2013 Annual Assuming Leaving Candidate
(yr)

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 (d)(5)

Date Signed 3-1-16 Filer's Signature _____
(month, day, year)



STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only

RECEIVED FAIR POLITICAL PRACTICES COMMISSION COVER PAGE TM

RECEIVED BY: [Signature]

Please type or print in ink.

NAME OF FILER (LAST) Eggman (FIRST) Susan 2014 MAR - 5 PM 2:32

1. Office, Agency, or Court

MAR 4 2014

Agency Name (Do not use acronyms)

CA State Legislature

BY: [Signature]

Division, Board, Department, District, if applicable

Assembly

Your Position

Assemblymember

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, Judge or Court Commissioner, County of, Other

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

- Annual, Leaving Office, Assuming Office, Candidate

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 2

- Schedule A-1, A-2, B, C, D, E

None - No reportable interests on any schedule

(d)(5) [Redacted]

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

Date Signed 03/04/2014 (month, day year)

Signature

(d)(5) [Redacted]

SCHEDULE D
Income – Gifts

AMENDMENT

▶ NAME OF SOURCE (Not an Acronym)
Cal Expo Wine Department
ADDRESS (Business Address Acceptable)
1600 Exposition Blvd., Sacramento, CA 95815
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 05 / 13</u>	<u>\$ 77</u>	<u>Dinner</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>

▶ 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>

▶ 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>

▶ 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>

Filer's Verification

Print Name Susan Eggman

Office, Agency or Court CA State Legislature

Statement Type 2013/2014 Annual Assuming Leaving
 2013 Annual Candidate
(yr)

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 the foregoing is true and correct.

Date Signed 03/04/2014

Filer's Signature (d)(5)

Comments: _____

STATEMENT OF ECONOMIC INTERESTS

RECEIVED

Date Received
Official Use Only

MAR 3 2014

RECEIVED
FAIR POLITICAL
PRACTICES COVER PAGE

TM

BY: [Signature]

Please type or print in ink.

NAME OF FILER (LAST) Eggman (FIRST) Susan (MIDDLE)

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.
- or-
- The period covered is ____/____/____, through December 31, 2012.
- Assuming Office: Date assumed ____/____/____
- Leaving Office: Date Left ____/____/____ (Check one)
 - The period covered is January 1, 2012, through the date of leaving office.
 - 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: 15

- 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

(d)(5)

[Redacted Signature Area]

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

Date Signed 3-3-14
(month, day, year)

Signature

(d)(5)

SCHEDULE D
Income – Gifts

Name

Susan Eggman

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

ADDRESS (Business Address Acceptable)
1717 I St., Sacramento, Ca 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 29 / 13	\$ 85.00	Dinner
08 / 20 / 13	\$ 85.00	Dinner
02 / 06 / 13	\$ 9.77	Meal

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

ADDRESS (Business Address Acceptable)
1717 I St., Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 13 / 13	\$ 12.00	Meal
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
CA Poultry Federation

ADDRESS (Business Address Acceptable)
4640 Spyres, #4, Modesto, CA 95356

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Federation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 15 / 13	\$ 242.30	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Ca Rice Commission

ADDRESS (Business Address Acceptable)
1231 I St., Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 23 / 13	\$ 66.37	Lunch
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Cooperative of American Physicians

ADDRESS (Business Address Acceptable)
333 S. Hope St., Los Angeles, CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Physician owned and governed cooperative

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 28 / 13	\$ 225.00	Ca Roast Ticket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
California Veteran's Benefit Fund

ADDRESS (Business Address Acceptable)
1017 L St., PMB 426, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 26 / 13	\$ 130.00	Lunch
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE D
Income – Gifts

Name
Susan Eggman

▶ NAME OF SOURCE *(Not an Acronym)*
California Healthcare Institute
 ADDRESS *(Business Address Acceptable)*
455 Capitol mall, Suite 600, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Biomedical Research Institute

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 06 / 13</u>	<u>\$ 43.50</u>	<u>Wine and wine opener</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>

▶ 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>

▶ 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>

▶ 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>

▶ 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: _____

**SCHEDULE D
Income – Gifts**

Name
Susan Eggman

▶ NAME OF SOURCE
Access Dental
ADDRESS (Business Address Acceptable)
1301 I St., Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Corporation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 22 / 13</u>	<u>\$ 11.30</u>	<u>Reception</u>
<u>9 / 16 / 13</u>	<u>\$ 54.60</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Toni Atkins for Assembly
ADDRESS (Business Address Acceptable)
330 Encinata Blvd., San Diego, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Candidate Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 13 / 13</u>	<u>\$ 65.10</u>	<u>Plant</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
CA Association of Winegrape Growers
ADDRESS (Business Address Acceptable)
1324 J St., Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Industry Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 3 / 13</u>	<u>\$ 66.56</u>	<u>Winery Tour</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Ca Citrus Mutual
ADDRESS (Business Address Acceptable)
512 Kaweah Ave., Exeter, CA 93221
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agricultural Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 10 / 13</u>	<u>\$ 8.65</u>	<u>Fruit</u>
<u>4 / 10 / 13</u>	<u>\$ 58.50</u>	<u>Dinner</u>
<u>7 / 30 / 13</u>	<u>\$ 38.18</u>	<u>Meal</u>

▶ NAME OF SOURCE
Ca Cotton Ginners Assn,
ADDRESS (Business Address Acceptable)
1785 N Fine, Fresno, CA 93727
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Industry Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 16 / 13</u>	<u>\$ 151.99</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
CA Dairies Inc.
ADDRESS (Business Address Acceptable)
755 F St., Fresno, CA 93775
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dairy Processing Cooperative

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 27 / 13</u>	<u>\$ 249.53</u>	<u>Meal</u>
<u>2 / 27 / 13</u>	<u>\$ 5.28</u>	<u>Reusable Bag</u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Susan Eggman

▶ NAME OF SOURCE (Not an Acronym)
Ca State Protocol Foundation
 ADDRESS (Business Address Acceptable)
11355 W. Olympic Blvd., Los Angeles, CA 90064
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 30 / 13</u>	<u>\$ 70.75</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Facebook
 ADDRESS (Business Address Acceptable)
561 Garden St., Sacramento, CA 95815
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
on-line social networking service

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 15 / 13</u>	<u>\$ 50.27</u>	<u>Reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Governmental Advocates
 ADDRESS (Business Address Acceptable)
1127 11th St., #400, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobbying Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 19 / 13</u>	<u>\$ 10.00</u>	<u>Coffee reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Fred Baldini
 ADDRESS (Business Address Acceptable)
6000 J St., Sacramento, CA 95819
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
CA State University

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 22 / 13</u>	<u>\$ 300.00</u>	<u>2 Tickets to Gala</u>
<u>03 / 22 / 13</u>	<u>\$ 6.00</u>	<u>Parking pass</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Humboldt Redwood Company
 ADDRESS (Business Address Acceptable)
P.O. Box 996, Ukiah, CA 95482
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Redwood Producer (LLC)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 18 / 13</u>	<u>\$ 182.87</u>	<u>meal & lodging (tour)</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Green Diamond Resource Company
 ADDRESS (Business Address Acceptable)
P.O. Box 1099, Arcata, CA 95518
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Forest Products Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 18 / 13</u>	<u>\$ 180.87</u>	<u>meals & lodging (tour)</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Susan Eggman

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Candidate Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 12 / 13</u>	<u>\$ 66.85</u>	<u>Dinner</u>
<u>02 / 26 / 13</u>	<u>\$ 74.75</u>	<u>Personalized Jacket</u>
<u>10 / 03 / 13</u>	<u>\$ 26.93</u>	<u>Personal gift</u>

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Candidate Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 03 / 13</u>	<u>\$ 15.89</u>	<u>Breakfast</u>
<u>08 / 13 / 13</u>	<u>\$ 44.60</u>	<u>Wine</u>
<u>06 / 14 / 13</u>	<u>\$ 136.16</u>	<u>Dinner</u>

▶ NAME OF SOURCE (Not an Acronym)
Latino Caucus Leadership Political Action Committee

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Action Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 24 / 13</u>	<u>\$ 131.76</u>	<u>engraved wood box</u>
<u>02 / 28 / 13</u>	<u>\$ 21.32</u>	<u>Meal and beverages</u>
<u>02 / 13 / 13</u>	<u>\$ 21.32</u>	<u>Meal</u>

▶ NAME OF SOURCE (Not an Acronym)
Latino Caucus Leadership Political Action Committee

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Action Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 28 / 13</u>	<u>\$ 86.74</u>	<u>portfolio</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Latino legislative Caucus Foundation

ADDRESS (Business Address Acceptable)
1001 K St., 6th Floor, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 06 / 13</u>	<u>\$ 142.77</u>	<u>Framed Poster</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Mexican American Hall of Fame

ADDRESS (Business Address Acceptable)
3217 Calhoun Wy., Stockton CA 95219

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 07 / 13</u>	<u>\$ 100.00</u>	<u>2 tickets (awards gals)</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D Income - Gifts

Name

Susan Eggman

▶ NAME OF SOURCE (Not an Acronym)
Latino Caucus Leadership Political Action Committee
 ADDRESS (Business Address Acceptable)
400 Capitol Mall, 22nd Floor, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 02 / 13</u>	\$ <u>18.76</u>	<u>Scarf</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>	\$ _____	_____

▶ 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>	\$ _____	_____

▶ 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>	\$ _____	_____

▶ 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>	\$ _____	_____

▶ 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>	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
Susan Eggman

▶ NAME OF SOURCE (Not an Acronym)
Restore the Delta
 ADDRESS (Business Address Acceptable)
10100 Trinity Parkway, 120, Stockton, CA 95219
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Grassroots Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 10 / 13</u>	<u>\$ 150.00</u>	<u>Ticket for event</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Equality California
 ADDRESS (Business Address Acceptable)
2370 Market St., 2nd floor, San Francisco, CA 94114
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 11 / 13</u>	<u>\$ 180.00</u>	<u>Award</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
California Legislative Women's Caucus
 ADDRESS (Business Address Acceptable)
1020 N St., Suite #156B, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative Advocacy group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 04 / 13</u>	<u>\$ 63.07</u>	<u>Lunch</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Kallamath Alliance for Res and Environment
 ADDRESS (Business Address Acceptable)
P.O. Box 1234, Yreka, CA 96907
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 16 / 13</u>	<u>\$ 344.70</u>	<u>Meals/Photobook</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Women in California Leadership
 ADDRESS (Business Address Acceptable)
400 Capitol Mall, 22nd Floor, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 21 / 13</u>	<u>\$ 70.52</u>	<u>Luncheon event</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: _____

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

Name
Susan Eggman

- 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)
California Issues Forum

ADDRESS (Business Address Acceptable)
1717 I St.

CITY AND STATE
Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
501 C4

DATE(S): 12/09/13 - 12/11/13 AMT: \$ 820.00
(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 Healthcare Institute

ADDRESS (Business Address Acceptable)
1201 K St., Suite 1840

CITY AND STATE
Sacramento, CA 95814

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

DATE(S): 12/06/13 - 12/06/13 AMT: \$ 489.44
(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)
CA Foundation on the Environment & the Economy

ADDRESS (Business Address Acceptable)
Pier 35, Suite 202

CITY AND STATE
San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
501 C3 Organization

DATE(S): 04/25/13 - 04/26/13 AMT: \$ 528.89
(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)
Sierra Pacific Industries

ADDRESS (Business Address Acceptable)
P.O. Box 496028

CITY AND STATE
Redding, CA 96049

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Family owned Forest products company

DATE(S): 05/16/13 - 05/17/13 AMT: \$ 400.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Flight for Tour

Comments: _____

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

Name
 Susan Eggman

- 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)
 State Legislative Leaders Foundation

ADDRESS (Business Address Acceptable)
 1645 Falmouth Road

CITY AND STATE
 Centerville, MA 02632

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 501 C1

DATE(S): 07/07/13 - 07/11/13 AMT: \$ 2,724.10
 (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)
 Ca Issues Forum

ADDRESS (Business Address Acceptable)
 1717 I St.

CITY AND STATE
 Sacramento, CA 95811

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

DATE(S): 12/09/13 - 12/11/13 AMT: \$ 820.00
 (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)

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: _____

SCHEDULE D
Income – Gifts

Name
 Susan Eggman

▶ NAME OF SOURCE
 Governor Jerry Brown

ADDRESS (Business Address Acceptable)
 11355 west Olympic Blvd., LA, CA 90064

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 30 / 14	\$ 70.75	Dinner
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Susan Eggman

▶ NAME OF SOURCE *(Not an Acronym)*
 California Farm Bureau Federation

ADDRESS *(Business Address Acceptable)*
 2300 River Plaza Dr., Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 12 / 13	\$ 45.80	Reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: _____

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
Susan Eggman

1. BUSINESS ENTITY OR TRUST

Shirley Ray Eggman Trust
 Name
1432 N. Columbia Ave. Stockton, CA 95203
 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 IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / 13 / / 13
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION _____

1. BUSINESS ENTITY OR TRUST

Shirley Ray Eggman Trust
 Name
1432 N. Columbia Ave. Stockton, CA 95203
 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 IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / 13 / / 13
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

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 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None
Shirley Ray Eggman Trust

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None
Shirley Ray Eggman Trust

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

Check one box:
 INVESTMENT REAL PROPERTY

3501 W. Tuolumne Rd. Turlock, CA 95380
 Name of Business Entity, if investment, or Assessor's Parcel Number or Street Address of Real Property
Almond Ranch 20 acres.
 Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 9/30/13 / / 13
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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

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

Check one box:
 INVESTMENT REAL PROPERTY

Arnold Meadow, Lot 22 Madera County, CA
 Name of Business Entity, if investment, or Assessor's Parcel Number or Street Address of Real Property
Vacation Property -
 Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 9/30/13 / / 13
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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: _____