

STATEMENT OF ECONOMIC INTERESTS

RECEIVED

Date Received
 FEB 28 2014

RECEIVED
 FAIR POLITICAL
 PRACTICES COMMISSION

FEB 28 2014

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Lowenthal Bonnie Adler

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 California State Assembly
 Division, Board, Department, District, if applicable
 District 70
 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, 2013, through December 31, 2013.
- or-
- The period covered is _____ through December 31, 2013.
- Assuming Office:** Date assumed _____
- 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.
- 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: 12
- 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**

5. (c)(1)

I certify under penalty of perjury under the laws of the State of California that the information herein and in any attached schedules is true and complete. I acknowledge this is a public record. (c)(1)

Date Signed 2/24/14 Signature _____
 (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.

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	<u>Bonnie Lowenthal</u>

▶ NAME OF BUSINESS ENTITY
Clearbridge Energy MLP, INC

GENERAL DESCRIPTION OF THIS BUSINESS
Energy

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 Unit Trust
(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
Dentsply International INC

GENERAL DESCRIPTION OF THIS BUSINESS
Healthcare

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
Hawaiian Electric IND

GENERAL DESCRIPTION OF THIS BUSINESS
Utility

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
Magellan Midstream Partners LP

GENERAL DESCRIPTION OF THIS BUSINESS
Oil Pipeline

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
US Ecology Inc New

GENERAL DESCRIPTION OF THIS BUSINESS
Environmental

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
Varian Medical Sys INC

GENERAL DESCRIPTION OF THIS BUSINESS
Healthcare

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 A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Bonnie Lowenthal	

▶ NAME OF BUSINESS ENTITY
JP MORGAN CHASE TRUST

GENERAL DESCRIPTION OF THIS BUSINESS

FINANCIAL

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 CORPORATE BOND
(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
WHITESTONE REIT

GENERAL DESCRIPTION OF THIS BUSINESS

FINANCIAL

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
HOME DEPOT INC

GENERAL DESCRIPTION OF THIS BUSINESS

CONSUMER DISCRETIONARY

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
CHEVRON CORP

GENERAL DESCRIPTION OF THIS BUSINESS

ENERGY

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
HONEYWELL INTERNATIONAL INC

GENERAL DESCRIPTION OF THIS BUSINESS

BUSINESS EQUIPMENT

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
JOHNSON & JOHNSON

GENERAL DESCRIPTION OF THIS BUSINESS

HEALTHCARE

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 A-1

Investments

Stocks, Bonds, and Other Interests
(Ownership Interest Is Less Than 10%)

Do not attach brokerage or financial statements.

Name
Bonnie Lowenthal

NAME OF BUSINESS ENTITY
CHUBB CORPORATION

GENERAL DESCRIPTION OF THIS BUSINESS

FINANCIAL

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
EXXON MOBIL

GENERAL DESCRIPTION OF THIS BUSINESS

ENERGY

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
GOLDMAN SACHS

GENERAL DESCRIPTION OF THIS BUSINESS

FINANCIAL

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
ROYAL DUTCH SHELL

GENERAL DESCRIPTION OF THIS BUSINESS

ENERGY

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
STATE STREET CORP

GENERAL DESCRIPTION OF THIS BUSINESS

FINANCIAL

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
US BANK CORP

GENERAL DESCRIPTION OF THIS BUSINESS

FINANCIAL

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 A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Bonnie Lowenthal	

▶ NAME OF BUSINESS ENTITY
MANNKIND CORP

GENERAL DESCRIPTION OF THIS BUSINESS
HEALTHCARE

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
LEGACY RESERVES LP UTS REP LP

GENERAL DESCRIPTION OF THIS BUSINESS
ENERGY

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
GENCO SHIPPING

GENERAL DESCRIPTION OF THIS BUSINESS
INDUSTRIALS

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
TENN VALLEY AUTH

GENERAL DESCRIPTION OF THIS BUSINESS
FINANCIAL

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 BOND
(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 B
Interests in Real Property
 (Including Rental Income)

Name
 Bonnie Lowenthal

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 711 CEDAR AVENUE

CITY
 LONG BEACH CA 90813

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 TERM (Months/Years)
 _____ % None

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 TERM (Months/Years)
 _____ % None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Bonnie Lowenthal

▶ NAME OF SOURCE (Not an Acronym)
 UCLA Government and Community Relations

ADDRESS (Business Address Acceptable)
 10920 Wilshire Blvd Los Angeles CA 90024

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Government Relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 12 / 13	\$ 55.00	Get Well Flowers
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Check into Cash

ADDRESS (Business Address Acceptable)
 515 King Street, Ste 300 Alexandria VA 22314

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Financial Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 11 / 13	\$ 84.29	Dinner
/ /	\$	
/ /	\$	

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

ADDRESS (Business Address Acceptable)
 1401 21st Street, Ste. 200 Sacramento CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Political Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 13	\$ 123.94	Dinner
/ /	\$	
/ /	\$	

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Legislator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 13	\$ 74.75	Personalized Jacket
02 / 12 / 13	\$ 66.85	Food and Drink
01 / 14 / 13	\$ 24.64	Food and Drink
/ /	\$	
/ /	\$	

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Legislator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 19 / 13	\$ 89.63	Birthday Flowers
03 / 12 / 13	\$ 75.55	Get Well Flowers
06 / 03 / 13	\$ 31.42	Dinner

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Legislator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 06 / 13	\$ 44.60	Wine
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE D
Income – Gifts

Name

Bonnie Lowenthal

▶ NAME OF SOURCE (Not an Acronym)
 Point Pillar Project Developers

ADDRESS (Business Address Acceptable)
 240 Capistrano Rd, PO Box 158 Halfmoon Bay 94019

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Lodging

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 23 / 13	\$ 159.00	Lodging for Hearing
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Ricardo Lara for Senate

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Legislator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 13 / 13	\$ 80.00	Get Well Flowers
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Global Automakers

ADDRESS (Business Address Acceptable)
 1050 K Street, NW Washington DC 20001

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Automobiles

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 13	\$ 114.70	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California State Protocol Foundation

ADDRESS (Business Address Acceptable)
 11355 W. Olympic Blvd CA 90064

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 13 / 13	\$ 68.53	Dinner w/Governor
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 The Port of Long Beach

ADDRESS (Business Address Acceptable)
 425 S. Pinos Verdes St. San Pedro CA 90731

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 06 / 13	\$ 102.00	2 txts Lobster Festival
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Westfield Concession Management

ADDRESS (Business Address Acceptable)
 2049 Century Park East, 41st Floor LA CA 90067

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Hospitality

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 20 / 13	\$ 430.00	2 txts Airport Opening
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Bonnie Lowenthal

▶ NAME OF SOURCE (Not an Acronym)
 Kessal Young and Logan

ADDRESS (Business Address Acceptable)
 400 Oceangate, Long Beach CA 90802

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 21 / 13	\$ 75.00	Grand Prix Brunch
12 / 06 / 13	\$ 58.00	Holiday Party
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Long Beach Chamber of Commerce

ADDRESS (Business Address Acceptable)
 One World Trade Center, Ste 206 LB 90831

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 24 / 13	\$ 153.00	122nd Inaugural Event
11 / 05 / 13	\$ 36.00	NationalLeadersLunch
12 / 05 / 13	\$ 50.00	7th County Address
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Rancho Los Alamitos

ADDRESS (Business Address Acceptable)
 6400 E. Bixby Hill Road LB CA 90815

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 24 / 13	\$ 250.00	2 txts TX HoldEm
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Harry Bridges Institute

ADDRESS (Business Address Acceptable)
 350 W. 5th Street Ste 209 San Pedro CA 90731

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 24 / 13	\$ 50.00	12th Annual Luncheon
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 International City Theatre

ADDRESS (Business Address Acceptable)
 110 Pine Avenue, Ste 820 Long Beach CA 90802

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Theatre Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 12 / 13	\$ 370.00	2txts 28th Anniversary
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Aquarium of the Pacific

ADDRESS (Business Address Acceptable)
 100 Aquarium Way Long Beach CA 90802

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Educational

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 15 / 13	\$ 200.00	2txts Conservation Gala
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE D
Income - Gifts

Name
Bonnie Lowenthal

▶ NAME OF SOURCE (Not an Acronym)

Planned Parenthood Advocacy Meeting

ADDRESS (Business Address Acceptable)

400 West 30th Street Los Angeles CA 90007

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Legislative

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 28 / 13	\$ 53.64	Legislative Event
/ /	\$	
/ /	\$	

▶ 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)

Women in California Leadership

ADDRESS (Business Address Acceptable)

400 Capitol Mall, 22nd Floor Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Political Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 21 / 13	\$ 70.52	Catering Event
/ /	\$	
/ /	\$	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Bonnie Lowenthal

- 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 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)

DATE(S): 02/07/13 - 02/08/13 AMT: \$ 411.11
(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)
 City of Los Angeles

ADDRESS (Business Address Acceptable)
 1400 K Street, Ste 208

CITY AND STATE
 Sacramento, CA 95814

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

DATE(S): 01/01/13 - 03/31/13 AMT: \$ 90.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Parking at LAX for Sacramento Flights

▶ NAME OF SOURCE (Not an Acronym)
 City of Los Angeles

ADDRESS (Business Address Acceptable)
 1400 K Street, Ste 208

CITY AND STATE
 Sacramento CA 95814

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

DATE(S): 04/01/13 - 07/01/13 AMT: \$ 60.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Parking at LAX for Sacramento Flights

▶ 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: _____