



STATEMENT OF ECONOMIC INTERESTS

CG

COVER PAGE

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03/17/2015  
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Sandeen, Beverly

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of West Sacramento  
Division, Board, Department, District, if applicable  
Your Position  
City Council  
Councilmember

► 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  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of West Sacramento  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2014, through December 31, 2014  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2014
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)  
 The period covered is January 1, 2014, 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: 10
- Schedule A-1 - Investments - schedule attached  Schedule C - Income, Loans, & Business Positions - schedule attached
  - Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached
  - Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-  
 None - No reportable interests on any schedule

Date Signed 03/17/2015  
(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

Sandeen, Beverly

▶ NAME OF BUSINESS ENTITY  
Golden Pacific Bancorp

GENERAL DESCRIPTION OF THIS BUSINESS  
Community Bank

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                  DISPOSED

Comments: \_\_\_\_\_

## SCHEDULE A-2

### Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name
Sandeen, Beverly

**▶ 1. BUSINESS ENTITY OR TRUST**

Capital West Realty, Inc.

Name  
2055 Town Center Plaza Suite 130  
West Sacramento, CA 95691

Address (Business Address Acceptable)

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

---

**GENERAL DESCRIPTION OF THIS BUSINESS**

Residential Real Estate

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/____    ____/____/____
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED    DISPOSED
<input checked="" type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Corporation     Other

YOUR BUSINESS POSITION Husband - Owner

**▶ 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

\_\_\_\_\_

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	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____    ____/____/____
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> 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

**▶ 1. BUSINESS ENTITY OR TRUST**

Martin A Swingle and Beverly A Sandeen Revocable Trust

Name  
2055 Town Center Plaza Suite 130  
West Sacramento, CA 95691

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:
<input type="checkbox"/> \$0 - \$1,999	____/____/____    ____/____/____
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> 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

**▶ 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

Emily Rosado

\_\_\_\_\_

Sarah Castaneda

\_\_\_\_\_

Andrew Ruiz

\_\_\_\_\_

**▶ 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

Rental Property at 337 Bridge Place

\_\_\_\_\_

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____    ____/____/____
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	<u>10 / 16 / 14</u>
<input type="checkbox"/> 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: \_\_\_\_\_



# 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 \_\_\_\_\_

Sandeen, Beverly

**▶ 1. BUSINESS ENTITY OR TRUST**

Martin A Swingle and Beverly A Sandeen Revocable Trust (CONTINUATION)

Name \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

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

GENERAL DESCRIPTION OF THIS BUSINESS

<p><b>FAIR MARKET VALUE</b></p> <p><input type="checkbox"/> \$0 - \$1,999</p> <p><input type="checkbox"/> \$2,000 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$1,000,000</p> <p><input type="checkbox"/> Over \$1,000,000</p>	<p><b>IF APPLICABLE, LIST DATE:</b></p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">____/____/____</td> <td style="width: 50%;">____/____/____</td> </tr> <tr> <td>ACQUIRED</td> <td>DISPOSED</td> </tr> </table>	____/____/____	____/____/____	ACQUIRED	DISPOSED
____/____/____	____/____/____				
ACQUIRED	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)**

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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

Rental Property at 1110/1112 Drake Drive

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

Davis, CA

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

<p><b>FAIR MARKET VALUE</b></p> <p><input type="checkbox"/> \$2,000 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input checked="" type="checkbox"/> \$100,001 - \$1,000,000</p> <p><input type="checkbox"/> Over \$1,000,000</p>	<p><b>IF APPLICABLE, LIST DATE:</b></p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">____/____/____</td> <td style="width: 50%;">____/____/____</td> </tr> <tr> <td>ACQUIRED</td> <td>DISPOSED</td> </tr> </table>	____/____/____	____/____/____	ACQUIRED	DISPOSED
____/____/____	____/____/____				
ACQUIRED	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 \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

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

GENERAL DESCRIPTION OF THIS BUSINESS

<p><b>FAIR MARKET VALUE</b></p> <p><input type="checkbox"/> \$0 - \$1,999</p> <p><input type="checkbox"/> \$2,000 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$1,000,000</p> <p><input type="checkbox"/> Over \$1,000,000</p>	<p><b>IF APPLICABLE, LIST DATE:</b></p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">____/____/____</td> <td style="width: 50%;">____/____/____</td> </tr> <tr> <td>ACQUIRED</td> <td>DISPOSED</td> </tr> </table>	____/____/____	____/____/____	ACQUIRED	DISPOSED
____/____/____	____/____/____				
ACQUIRED	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)**

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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

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 \_\_\_\_\_

<p><b>FAIR MARKET VALUE</b></p> <p><input type="checkbox"/> \$2,000 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$1,000,000</p> <p><input type="checkbox"/> Over \$1,000,000</p>	<p><b>IF APPLICABLE, LIST DATE:</b></p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">____/____/____</td> <td style="width: 50%;">____/____/____</td> </tr> <tr> <td>ACQUIRED</td> <td>DISPOSED</td> </tr> </table>	____/____/____	____/____/____	ACQUIRED	DISPOSED
____/____/____	____/____/____				
ACQUIRED	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 \_\_\_\_\_

Sandeen, Beverly \_\_\_\_\_

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Los Rios Community College District

ADDRESS (Business Address Acceptable)  
1919 Spanos Court  
Sacramento, CA 95825

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Community College, administration

YOUR BUSINESS POSITION  
Vice Chancellor

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  
 (For self-employed use Schedule A-2.)  
 Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Loan repayment  
 Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
(Describe)  
 Other \_\_\_\_\_  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Capital West Realty

ADDRESS (Business Address Acceptable)  
2055 Town Center Plaza Suite 130  
West Sacramento, CA 95691

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Real estate

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  
 (For self-employed use Schedule A-2.)  
 Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Loan repayment  
 Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
(Describe)  
 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      TERM (Months/Years)

\_\_\_\_\_ %     None      \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence  
 Real Property \_\_\_\_\_  
Street address  
 \_\_\_\_\_  
City  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

**SCHEDULE D  
 Income – Gifts**

Name  
Sandeen, Beverly

▶ NAME OF SOURCE (Not an Acronym)  
Easton Development Company  
 ADDRESS (Business Address Acceptable)  
PO Box 1209  
Folsom, CA 95763  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Land development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 04 / 14</u>	<u>\$ 70.00</u>	<u>2014 Capitol to Capitol Brunch</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Western Health Advantage  
 ADDRESS (Business Address Acceptable)  
2349 Gateway Oaks Suite 100  
Sacramento, CA 95833  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Health care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 04 / 14</u>	<u>\$ 70.00</u>	<u>2014 Capitol to Capitol Brunch</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Dignity Health  
 ADDRESS (Business Address Acceptable)  
3400 Data Drive  
Rancho Cordova, CA 95670  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Health care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 04 / 14</u>	<u>\$ 70.00</u>	<u>2104 Capitol to Capitol Brunch</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Downey Brand  
 ADDRESS (Business Address Acceptable)  
621 Capitol Mall  
Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Law, legal services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 04 / 14</u>	<u>\$ 120.00</u>	<u>2014 Capitol to Capitol Lunch</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Sacramento Kings  
 ADDRESS (Business Address Acceptable)  
Sleep Train Arena One Sports Parkway  
Sacramento, CA 95834  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Athletics, NBA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 04 / 14</u>	<u>\$ 291.50</u>	<u>2014 Capitol to Capitol Dinner</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE (Not an Acronym)  
Sutter Health  
 ADDRESS (Business Address Acceptable)  
2700 Gateway Oaks Suite 220  
Sacramento, CA 95833  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Health care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 05 / 14</u>	<u>\$ 310.00</u>	<u>2014 Capitol to Capitol Dinner</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

Comments: \_\_\_\_\_

## SCHEDULE D

### Income – Gifts

Name

Sandeen, Beverly

## ▶ NAME OF SOURCE (Not an Acronym)

Kaiser Foundation Health Plan, Inc.

 ADDRESS (Business Address Acceptable)  
 6600 Bruceville Road  
 Sacramento, CA 95823

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 04 / 14	\$ 291.50	2014 Capitol to Capitol Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

## ▶ NAME OF SOURCE (Not an Acronym)

Sacramento Host Committee

 ADDRESS (Business Address Acceptable)  
 PO Box 1736  
 Sacramento, CA 95812

BUSINESS ACTIVITY, IF ANY, OF SOURCE

California Chamber Support Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 21 / 14	\$ 60.00	2014 Sacramento Host Committee Breakfast
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

## ▶ NAME OF SOURCE (Not an Acronym)

TOMRA Sorting

 ADDRESS (Business Address Acceptable)  
 875 Embarcadero Drive  
 West Sacramento, CA 95605

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Agricultural equipment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 18 / 14	\$ 15.00	Grand opening reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

## ▶ NAME OF SOURCE (Not an Acronym)

Teichert Construction

 ADDRESS (Business Address Acceptable)  
 3500 American River Drive  
 Sacramento, CA 95864

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 05 / 14	\$ 310.00	2014 Capitol to Capitol Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

## ▶ NAME OF SOURCE (Not an Acronym)

About A Bite Bakery

 ADDRESS (Business Address Acceptable)  
 11353 Pyrites Way  
 Rancho Cordova, CA 95670

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Bakery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 11 / 14	\$ 24.00	Congratulations gift
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

## ▶ NAME OF SOURCE (Not an Acronym)

Bayer CropScience Biologics and Vegetable Seeds Research and Development Center

 ADDRESS (Business Address Acceptable)  
 890 Embarcadero Drive  
 West Sacramento, CA 95605

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Agricultural research

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 02 / 14	\$ 85.00	Welcome reception
09 / 03 / 14	\$ 15.00	Ribbon cutting reception
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income - Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
Urban Land Institute  
 ADDRESS (Business Address Acceptable)  
PO Box 2261  
Fair Oaks, CA 95628  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Land use and planning organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 29 / 14</u>	<u>\$ 15.00</u>	<u>Attendance at Young Professionals event</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
CSHQA  
 ADDRESS (Business Address Acceptable)  
1450 Harbor Blvd  
West Sacramento, CA 95691  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Architecture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 30 / 14</u>	<u>\$ 25.00</u>	<u>25 Anniversary reception</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Taber Construction  
 ADDRESS (Business Address Acceptable)  
3911 West Capitol Avenue  
West Sacramento, CA 95691  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Engineering

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 30 / 14</u>	<u>\$ 20.00</u>	<u>Oktoberfest celebration</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
UC Davis  
 ADDRESS (Business Address Acceptable)  
One Shields Avenue  
Davis, CA 95616  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
University, education, research

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 12 / 14</u>	<u>\$ 250.00</u>	<u>UC Davis Medal Dinner</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
River Cats  
 ADDRESS (Business Address Acceptable)  
400 Ballpark Drive  
West Sacramento, CA 95691  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Triple-A baseball

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 26 / 14</u>	<u>\$ 100.00</u>	<u>Baseball game</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Cunningham Engineering  
 ADDRESS (Business Address Acceptable)  
2120 20th Street Suite Three  
Sacramento, CA 95818  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Engineering

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 16 / 14</u>	<u>\$ 55.00</u>	<u>30th Anniversary Party</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                  </u>

Comments: \_\_\_\_\_