CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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FAIR POLITICAL PRACTICES COMMISSION
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Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Citrus Heights

Division, Board, Department, District, if applicable

Your Position
City Council Member

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: Citrus Heights Successor Agency Position: Board member

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☑ City of Citrus Heights
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

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

☐ **Annual:** The period covered is January 1, 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:*** _____

- ☑ **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. [redacted]

herein and in any attached schedules is true and complete. I ackno[redacted]

I certify under penalty of perjury under the laws of the State of [redacted]

Date Signed 02/05/2015
(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: Susan Jean Frost

▶ NAME OF BUSINESS ENTITY
CESCA Therapeutics, Inc. (KOOL)

GENERAL DESCRIPTION OF THIS BUSINESS
Adv Processes-Adult Stem Cell Preservation

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:
___/___/14 ACQUIRED ___/___/14 DISPOSED

▶ NAME OF BUSINESS ENTITY
Service Corp INTL

GENERAL DESCRIPTION OF THIS BUSINESS
Funeral Goods & Services

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

NATURE OF INVESTMENT
☐ Stock ☑ Other IRA-Stock (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

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

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 Jean Frost

1. BUSINESS ENTITY OR TRUST

Name: Frost Enterprises, Inc.

Address (Business Address Acceptable): 7640 Taurus Court, Citrus Heights, CA 95610

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

GENERAL DESCRIPTION OF THIS BUSINESS: Real Estate Investments

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: __/__/14 ACQUIRED __/__/14 DISPOSED

NATURE OF INVESTMENT: ☐ Partnership ☐ Sole Proprietorship ☑ CA-C Corp (Other)

YOUR BUSINESS POSITION: President - Broker

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 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: Eaglewood LTD, Woodland, CA / Summit View, WA

Description of Business Activity or City or Other Precise Location of Real Property: Limited Partnership (Both)

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

IF APPLICABLE, LIST DATE: __/__/14 ACQUIRED __/__/14 DISPOSED

NATURE OF INTEREST: ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership ☐ Leasehold ____ Yrs. remaining ☑ Other Limited Partnership

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

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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:

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: __/__/14 ACQUIRED __/__/14 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 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
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE: __/__/14 ACQUIRED __/__/14 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:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Susan Jean Frost

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*: Local Government Commission
ADDRESS *(Business Address Acceptable)*: 980 9th Street, Ste 1700, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Ahwahnee Conference 2014

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/14/14	$ 750.00	Conference & Hotel
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: League of California Cities
ADDRESS *(Business Address Acceptable)*: 1400 K Street, Ste 400, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: EQ & Community Services Policy Committees

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/23/14	$ 124.51	Total rcd for Lunches at
/ /	$	4 quarterly meetings
/ /	$	1/23, 4/3, 6/19

▶ NAME OF SOURCE *(Not an Acronym)*: Sacramento Association of Realtors
ADDRESS *(Business Address Acceptable)*: 2003 Howe Avenue, Sacramento, CA 95825
BUSINESS ACTIVITY, IF ANY, OF SOURCE: State of the County

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/14/14	$ 75.00	Lunch
/ /	$	
/ /	$	

▶ 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: