



COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Gore Bonnie Mertus

15 APR - 6 PM 3:58

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Roseville

Division, Board, Department, District, if applicable

Your Position
Councilmember

RECEIVED
2015 MAR 30 AM 7:17
CITY CLERK DEPARTMENT
ROSEVILLE, CA

► 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 Roseville
- 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: 6

- 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

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/14/15
(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

Bonnie Gore

NAME OF BUSINESS ENTITY
Nuance Communications

GENERAL DESCRIPTION OF THIS BUSINESS
Speech and Imaging Solutions

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 ____/____/14
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Ulta Salon Cosmetics and Fragrance, Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Cosmetics and fragrances

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 9/12/14
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Disney

GENERAL DESCRIPTION OF THIS BUSINESS
Entertainment

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 ____/____/14
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
AT&T

GENERAL DESCRIPTION OF THIS BUSINESS
Telecommunications

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 ____/____/14
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Apple

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 ____/____/14
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Lowe's Companies

GENERAL DESCRIPTION OF THIS BUSINESS
Building Supplies

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 ____/____/14
 ACQUIRED DISPOSED

Comments:

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

Name
 Bonnie Gore

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Kaiser Permanente

ADDRESS (Business Address Acceptable)
 1600 Eureka Rd., Roseville, CA 95661

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Health Plan /Hospital

YOUR BUSINESS POSITION
 Community & Government Relations Manager

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
 Los Rios Community College District

ADDRESS (Business Address Acceptable)
 3835 Freeport Blvd., Sacramento, CA 95822

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Education

YOUR BUSINESS POSITION
 Professor

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 _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Bonnie Gore

▶ NAME OF SOURCE (Not an Acronym)
 North State Building Industry Association

ADDRESS (Business Address Acceptable)
 1536 Eureka Rd., Roseville CA 95661

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Building Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 17 / 14	\$ 250	2 dinner tickets
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Hefner Stark & Marois LLP

ADDRESS (Business Address Acceptable)
 2150 River Plaza Dr # 450, Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Law Offices

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 3 / 14	\$ 242	2 dinners - Cap to Cap
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Studio Movie Grill

ADDRESS (Business Address Acceptable)
 5140 Commons Dr., Rocklin, CA 95677

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 movie theater

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 18 / 14	\$ 86	movie, dinner, wine,
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Kaiser Permanente

ADDRESS (Business Address Acceptable)
 1650 Response Rd., Sacramento, CA 95825

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 4 / 15	\$ 145.75	dinner - cap to cap
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Westpark Communities

ADDRESS (Business Address Acceptable)
 1536 Eureka Rd., Roseville, CA 95661

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Land Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 3 / 14	\$ 160	2 tickets - Kentucky Der
6 / 6 / 14	\$ 20	lunch
12 / 11 / 14	\$ 95	christmas gift basket
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Sacramento Kings

ADDRESS (Business Address Acceptable)
 One Sports Parkway, Sacramento, CA 95834

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 sports entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 4 / 14	\$ 145.75	dinner - cap to cap
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

**SCHEDULE D
Income – Gifts**

Name
Bonnie Gore

▶ NAME OF SOURCE (Not an Acronym)
Dignity Health

ADDRESS (Business Address Acceptable)
3400 Data Drive

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 4 / 14	\$ 78.36	2 brunch - cap to cap
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
Sutter Health

ADDRESS (Business Address Acceptable)
2700 Gateway Oaks Dr #1200 Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE
healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 5 / 14	\$ 155	dinner - cap to cap
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
Easton Development Company

ADDRESS (Business Address Acceptable)
1180 Iron Point Rd., Suite 350

BUSINESS ACTIVITY, IF ANY, OF SOURCE
development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 4 / 14	\$ 78.36	2 brunch - cap to cap
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
Teichert Construction

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 5 / 14	\$ 155	dinner - cap to cap
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
Western Health Advantage

ADDRESS (Business Address Acceptable)
2349 Gateway Oaks, Ste. 100, Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 4 / 14	\$ 78.36	2 brunch - cap to cap
	\$	
	\$	

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

ADDRESS (Business Address Acceptable)
650 Douglas Blvd., Roseville, CA 95678

BUSINESS ACTIVITY, IF ANY, OF SOURCE
business advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 9 / 14	\$ 108.26	2 tickets reception
	\$	
	\$	

Comments: _____

SCHEDULE D
Income – Gifts

Name
Bonnie Gore

▶ NAME OF SOURCE (Not an Acronym)
 Region Builders

ADDRESS (Business Address Acceptable)
 1331 T Street, Sacramento

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 6 / 14	\$ 190	2 tickets BBQ
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Westpark Communities

ADDRESS (Business Address Acceptable)
 1536 Eureka Rd., Roseville, CA 95661

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Land Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 16 / 14	\$ 50	holiday party
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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: _____