

CG

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
BONDONNO FRANKLIN EDWARD

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

SUPERIOR COURT - SANTA CLARA CO

Division, Board, Department, District, if applicable

Your Position

JUDGE

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 _____

Other _____

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

Annual: The period covered is January 1, 2014, through December 31, 2014.

Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2014.

The period covered is January 1, 2014, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

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: 8

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

Date Signed

FEB. 20, 2015

(month, day, year)

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
15 FEB 23 PM 2:21

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 _____

▶ NAME OF BUSINESS ENTITY
FOOTBALL SECURITIES 401 K

GENERAL DESCRIPTION OF THIS BUSINESS
2900 Lakeside Dr #100 Santa Clara

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 See Attachment
(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
BELLA VISTA

GENERAL DESCRIPTION OF THIS BUSINESS
La Gatos CA

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
PERSHING LLC - Box 219865

GENERAL DESCRIPTION OF THIS BUSINESS
KANSAS CITY MO

Am. Realty Cap. Global Trust

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 REAL ESTATE TRUST
(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
HAMILTON INV MANAGER

GENERAL DESCRIPTION OF THIS BUSINESS
3353 BARGINTOWN RD Suite 200 Egg Harbor NJ 08234

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 See Attachment
(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
AMERITRADE Role Over 1RN

GENERAL DESCRIPTION OF THIS BUSINESS
Acc # 918-909741

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 See Attachment
(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
OCEAN PARK ASSET Management

GENERAL DESCRIPTION OF THIS BUSINESS
3420 OCHEN PARK BLVD # 300 SANTA MONICA CA 90405

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 See Attachment
(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: _____

Elaine McMahan Bondonno and Franklin Bondonno Stock Disclosures - February 19, 2015

Stocks	FMV \$2,000- \$10,000	FMV \$10,001- \$100,000	FMV \$100,001 to \$1,000,000	FMV Over \$1,000,000
Held by Franklin Bondonno:				
Bella Vista Capital		X		
Foothill Securities		X		
American Realty Global Trust		X		
AR Capital		X		
Ameritrade		X		
Held by Elaine Bondonno:				
American Realty Capital Trust		X		
American Realty Capital Health Care		X		
Hanlon Investments:				
Invesco Floating Fund	X			
American High Income Trust	X			
Black Rock High Yield	X			
Black Rock Floating Rate		X		
Credit Suisse Floating	X			
DWS Floating Rate	X			
Dreyfus High Yield Fund		X		
Goldman Sachs High Yield	X			
Lord Abbett Floating Fund		X		
Mainstay Corp Bond	X			
Mainstay High Yield Bond		X		
Mainstay Floating Rate	X			
Northeast Investors Trust	X			
Northern Multi High Yield		X		

Stocks	FMV \$2,000- \$10,000	FMV \$10,001- \$100,000	FMV \$100,001 to \$1,000,000	FMV Over \$1,000,000
Northern High Yield		X		
Northeast Investors	X			
Pioneer High Yield Class A		X		
Principal High Yield Class A		X		
Putnam Floating Rate	X			
Putnam High Yield	X			
Putnam High Yield Trust		X		
Ridgeworth High Yield	X			
Ridgeworth Floating		X		
TIAA High Yield		X		
Western Asset High Yield		X		
AR Capital				
ARC New York REIT		X		
ARC Health Care Trust II		X		
Ocean Park Asset Management:				
Aberdeen Global High Income		X		
Black Rock High Yield Bond Inst		X		
Dreyfus High Yield I		X		
Ivy High Income I		X		
J.P. Morgan High Yield Select		X		
Lord Abbett Bond Debenture A		X		
PIMCo High Yield Spectrum Inst		X		
Principal High Yield Inst'l		X		
SEI Inst. Managed High Yield		X		
TD Bank USA, FDIC Insured NMKT		X		
North Star Real Estate II		X		

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
CHE ROKEE MEMORIAL PARK

ADDRESS (Business Address Acceptable)
Hy 99 & HARNEY Lane

BUSINESS ACTIVITY, IF ANY, OF SOURCE
MEMORIAL PARK LODGE, CA

YOUR BUSINESS POSITION
Sec. of the Board

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

Other Board Meeting Fees
 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
LASCASE OAKS Holding Co

ADDRESS (Business Address Acceptable)
ALA SHEROKEE FENCINE HOME

BUSINESS ACTIVITY, IF ANY, OF SOURCE
831 INDUSTRIE WAY, LODI, CA

YOUR BUSINESS POSITION
Sec to the Board

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

Other Board Meeting Fees
 (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 C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>AMERITRADE</u>	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) <u>Box 3209 OMAHA, NE</u>	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>(Good Harbor Financial Inc)</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i> <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i> <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more
Other <input checked="" type="checkbox"/> <u>Distribution from IRA</u> <i>(Describe)</i>	Other _____ <i>(Describe)</i>

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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	<i>Street address</i>
_____		_____
HIGHEST BALANCE DURING REPORTING PERIOD		<i>City</i>
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Other _____	<i>(Describe)</i>
<input type="checkbox"/> OVER \$100,000		

Comments: _____

SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ NAME OF SOURCE (Not an Acronym)
MELVIN Lewis

ADDRESS (Business Address Acceptable)
281 FIFTH ST, VALLEJO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Fellow CMP Board member

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/14/14</u>	<u>\$ 75.00</u>	<u>OLIVE Garden ^{em}</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
MELVIN WEST

ADDRESS (Business Address Acceptable)
Portland Or.

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Fellow CMP Board member

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/14/14</u>	<u>\$ 35</u>	<u>Harry Edmond poems</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
MELVIN Lewis

ADDRESS (Business Address Acceptable)
281 FIFTH ST, VALLEJO CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Fellow CMP Board member

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/14/14</u>	<u>\$ 35</u>	<u>BOTTLE Red wine</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
JOHN Gill CPA

ADDRESS (Business Address Acceptable)
4434 Woodson Ave, Sacramento

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Fellow CMP Board member

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/14/14</u>	<u>\$ 25</u>	<u>Pasta - Almonds Maple syrup</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
JOHN Mc Intyre Esq.

ADDRESS (Business Address Acceptable)
2166 Plz Alameda, San Jose

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Atty for CMP & COHC

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/14/14</u>	<u>\$ 50</u>	<u>Starbucks ^{em}</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Walt Scheffer

ADDRESS (Business Address Acceptable)
831 Industrial way, Lodi, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
VP of COHC

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/14/14</u>	<u>\$ 20</u>	<u>Cosette's Soapy at toffee</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

SCHEDULE D
Income - Gifts

Name _____

▶ NAME OF SOURCE (Not an Acronym)
J Charles Irwin
 ADDRESS (Business Address Acceptable)
Hy 99 et HARNEY Lane, Lodi
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
President of CMP

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/14/14	\$ 175	1/2 of 350
___/___/___	\$ _____	Apple gift
___/___/___	\$ _____	Card

▶ NAME OF SOURCE (Not an Acronym)
J Charles Irwin
 ADDRESS (Business Address Acceptable)
Hy 99 et HARNEY Lane, Lodi, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pres. of COITC

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/14/14	\$ 175	1/2 of \$350
___/___/___	\$ _____	Apple gift
___/___/___	\$ _____	Card

▶ 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: _____