CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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By Olga

Please type or print in ink.

NAME OF FILER (LAST): Bonilla (FIRST): Susan (MIDDLE):

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*: CA. Assembly

Division, Board, Department, District, if applicable: 14th District

Your Position: Assemblywoman

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

Agency: _____ Position: Assemblywoman

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

- [x] State
- [ ] Multi-County _____
- [ ] City of _____
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [ ] County of _____
- [ ] Other _____

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

- [x] **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 ____/____/_____
- [ ] **Candidate:** Election year _____ and office sought, if different than Part 1: _____
- [ ] **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.

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** 2

- [ ] **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
- [x] **Schedule D** - *Income – Gifts* – 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 7-15-2015 *(month, day, year)*

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► NAME OF SOURCE *(Not an Acronym)*
California Democratic Party
ADDRESS *(Business Address Acceptable)*
1830 Ninth Street, Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/20/14	$ 67.73	Meal
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

Filer's Verification

Print Name Susan Bonilla

Office, Agency or Court CA State Assembly

Statement Type ☒ 2014/2015 Annual ☐ Assuming ☐ Leaving
☐ _____ (yr) Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed April 15, 2015

(c)(1)

Filer's Signature

Comments:

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STATEMENT OF ECONOMIC INTERESTS
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RR

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Bonilla		Susan	ANN

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
CA State Assembly

Division, Board, Department, District, if applicable: 14th District

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)*

- [x] State
- [ ] Multi-County _____
- [ ] City of _____
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [ ] County of _____
- [ ] Other _____

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

- [x] **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.
- [x] **Candidate:** Election year 2015 and office sought, if different than Part 1: 7th Senate District

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** 5

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [ ] **Schedule A-2** - *Investments* – schedule attached
- [ ] **Schedule B** - *Real Property* – schedule attached
- [x] **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- [x] **Schedule D** - *Income – Gifts* – schedule attached
- [x] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

- [ ] **None** - *No reportable interests on any schedule*

5 (c)(1)

(c)(1)

I certify under penalty of perjury under the laws of the State of Calif

Date Signed 1/21/15 *(month, day, year)*

(File the originally signed statement with your filing official.)

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name Susan Bonilla

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

<BLUE> is a required field

** Select from drop down list*

1. Income Received

NAME AND ADDRESS OF SOURCE	BUSINESS ACTIVITY, IF ANY	YOUR BUSINESS POSITION	GROSS INCOME RECEIVED*	CONSIDERATION FOR WHICH INCOME WAS RECEIVED* (If "other," describe)
Experis, 3101 Zinfandel Drive, Suite 240, Rancho Cordova, CA 95670	Information Technology	Project Manager	$10,001-$100,000	Spouse's or registered domestic partner's income

2. Loans Received or Outstanding

**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 AND ADDRESS OF LENDER** *(Business Address Acceptable)* AND GUARANTOR, IF ANY	BUSINESS ACTIVITY, IF ANY	HIGHEST BALANCE*	INTEREST RATE (%)	TERM (Mos/Yrs)	SECURITY FOR LOAN REAL PROPERTY ADDRESS/OTHER INFORMATION*

Schedule D
Income - Gifts

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name Susan Bonilla

<BLUE> is a required field

NAME OF SOURCE	ADDRESS OF SOURCE (Business Address Acceptable)	ZIP CODE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
United Contractors	17 Crow Canyon, Suite 100, San Ramon, CA	94583	Association	09/15/14	$ 150.90	Meal
California Foundation for Commerce & Education	1215 K St, Suite 1400, Sacamento, CA	95814	non-profit	08/26/14	$ 234.72	Meal
Darden Restaurants, Inc.	1000 Darden Center Dr, Orlando, FL	32837	Restaurant Owners	04/01/14	$ 55.05	Meal
League of California Cities	1400 K St., 4th Floor, Sacramento, CA	95814	Association	11/20/14	$ 50.00	Meal
Consumer Attorneys Of California	770 L St., Suite 1200, Sacramento, Ca	95814	Association	03/04/14	$ 63.21	Meal
Bell, McAndrews & Hiltachk, LLP	455 Capitol Mall, Suite 600, Sacramento, CA	95814	Association	12/04/14	$ 34.90	Beverage and Cheese Board
Bell, McAndrews & Hiltachk, LLP	455 Capitol Mall, Suite 600, Sacramento, CA	95814	Association	08/19/14	$ 2.50	Reminder bag
California Issues Forum	1717 I St., Sacramento, CA	95811	non-profit	08/19/14	$ 103.00	Meal
California Issues Forum	1717 I St., Sacramento, CA	95811	non-profit	01/28/14	$ 95.00	Meal
California Issues Forum	1717 I St., Sacramento, CA	95811	non-profit	03/19/14	$ 8.30	Meal
California Dental Association	1201 K St., 14th Floor, Sacramento, CA	95814	Association	03/27/14	$ 24.25	Meal
California Dental Association	1201 K St., 14th Floor, Sacramento, CA	95814	Association	01/06/14	$ 38.13	Meal
Association of California Insurance Companies (ACIC)	1415 L St., Suite 670, Sacramento, CA	95814	Association	11/12/14	$ 117.61	Dinner for Daughter
Association of California Insurance Companies (ACIC)	1415 L St., Suite 670, Sacramento, CA	95814	Association	06/25/14	$ 6.50	T-Shirt
California Democratic Party	1401 21st St., #200, Sacramento, Ca	95811	Association	02/04/14	$ 131.24	Meals
California Democratic Party	1401 21st St., #200, Sacramento, Ca	95811	Association	08/18/14	$ 36.17	Meal
California Democratic Party	1401 21st St., #200, Sacramento, Ca	95811	Association	11/06/14	$ 73.63	Meal
Personal Insurance Federation of California (PIFC)	1201 K St., Suite 950, Sacramento, Ca	95814	Association	02/25/14	$ 75.12	Meal
Personal Insurance Federation of California (PIFC)	1201 K St., Suite 950, Sacramento, Ca	95814	Association	06/11/14	$ 26.86	Beverages
Personal Insurance Federation of California (PIFC)	1201 K St., Suite 950, Sacramento, Ca	95814	Association	06/25/14	$ 9.77	Beverages
Toni Atkins for State Assembly 2014	330 Encinitas Blvd., Suite 101, Encinitas, CA	92024	Legislator	12/01/14	$ 16.92	Food and Beverages
Toni Atkins for State Assembly 2014	330 Encinitas Blvd., Suite 101, Encinitas, CA	92024	Legislator	06/25/14	$ 14.97	Meal
Toni Atkins for State Assembly 2014	330 Encinitas Blvd., Suite 101, Encinitas, CA	92024	Legislator	06/11/14	$ 45.54	Meal

Schedule D
Income - Gifts

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name Susan Bonilla

<BLUE> is a required field

NAME OF SOURCE	ADDRESS OF SOURCE (Business Address Acceptable)	ZIP CODE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Toni Atkins for State Assembly 2014	330 Encinitas Blvd., Suite 101, Encinitas, CA	92024	Legislator	05/12/14	$ 44.31	Framed Julie Warren Print
Toni Atkins for State Assembly 2014	330 Encinitas Blvd., Suite 101, Encinitas, CA	92024	Legislator	04/22/14	$ 35.84	Meal
Toni Atkins for State Assembly 2014	330 Encinitas Blvd., Suite 101, Encinitas, CA	92024	Legislator	04/08/14	$ 15.33	Reception Beverages
Toni Atkins for State Assembly 2014	330 Encinitas Blvd., Suite 101, Encinitas, CA	92024	Legislator	01/28/14	$ 57.99	House of Cards trilogy
Toni Atkins for State Assembly 2014	330 Encinitas Blvd., Suite 101, Encinitas, CA	92024	Legislator	01/28/14	$ 18.99	Wine
Toni Atkins for State Assembly 2014	330 Encinitas Blvd., Suite 101, Encinitas, CA	92024	Legislator	01/22/14	$ 35.00	Meal
Cathy Schwamberger	110 Lakeside Way, Folsom, Ca	95630	Insurance Agent for State Farm	09/25/14	$ 53.00	Bottle of Wine

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name Susan Bonilla

SCHEDULE E

Income - Gifts
Travel Payments, Advances, and Reimbursements

<BLUE> is a required field

- You must 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 gift limit, but may result in a disqualifying conflict of interest.

NAME AND ADDRESS OF SOURCE *(Business Address Acceptable)*	BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3)	DATE(S) (mm/dd/yy) (If gift)	AMOUNT	TYPE OF PAYMENT (Gift or Income)	MADE A SPEECH/ PARTICIPATED IN A PANEL	DESCRIPTION
Bell, McAndrews & Hiltachk, LLP, 455 Capitol Mall, Suite 600, Sacramento, CA 95814	Association	N	12/04/14 - 12/05/14	$ 448.38	Gift	Y	Made a Speech/Partcipated in a panel
Personal Insurance Federation of California (PIFC), 1201 K St., Suite 950, Sacramento, CA 95814	Association	N	9/25/2014	$ 425.26	Gift	Y	Made a Speech/Partcipated in a panel
Pharmacetical Research and Manufacturers of America (PhRMA), 1215 K St., Suite 970, Sacramento, CA 95814	Association	N	1/30/2014	$ 356.40	Gift	Y	Made a Speech/Partcipated in a panel
California Issues Forum, 1717 I St., Sacramento, CA 95811	Non-profit	Y	12/08/14 - 12/10/14	$ 454.00	Gift	Y	Made a Speech/Partcipated in a panel
Association of California Insurance Companies, 1415 L St., Suite 670, Sacramento, Ca 95814	Association	N	11/12/14 - 11/13/14	$ 669.20	Gift	Y	Made a Speech/Partcipated in a panel

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SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► NAME OF SOURCE *(Not an Acronym)*
Bell, McAndrews & Hiltachk, LLP
ADDRESS *(Business Address Acceptable)*
455 Capitol Mall, Suite 600, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 13 / 14	$ 122	Meal for Daughter
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Toni Atkins for State Assembly 2014
ADDRESS *(Business Address Acceptable)*
330 Encinitas Blvd., Suite 101, Encinitas, CA 92024
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 11 / 14	$ 46	Meal
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

Filer's Verification

Print Name Susan Bonilla

Office, Agency or Court CA State Assembly

Statement Type ☒ 2014/2015 Annual ☐ Assuming ☐ Leaving
☐ _____ (yr) Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 03/02/2015 (month, day, year)

Filer's Si (c)(1)

Comments:

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CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

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

- **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)*
Association of California Insurance Companies
ADDRESS *(Business Address Acceptable)*
1415 L Street, Suite 670
CITY AND STATE
Sacramento, Ca 95814
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Association
DATE(S): 11/12/14 - 11/13/14 *(if gift)* AMT: $ 1,920.44
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE *(Not an Acronym)*
Bell, McAndrews & Hiltachk, LLP
ADDRESS *(Business Address Acceptable)*
455 Capitol Mall, Suite 600
CITY AND STATE
Sacramento, CA 95814
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Association
DATE(S): 11/13/14 - 11/13/14 *(if gift)* AMT: $ 121.53
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): __/__/__ - __/__/__ *(if gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Filer's Verification

Print Name Susan Bonilla
Office, Agency or Court CA State Assembly
Statement Type ☒ 2014/2015 Annual ☐ Assuming ☐ Leaving ☐ ____ *(yr)* Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 3/2/15 *(month, day, year)*
Filer's Signa (c)(1)

Comments: