2014 AT

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

CG

COVER PAGE

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By DR
Date Initial Filing Received
Official Use Only

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Eggman Susan

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California Legislator

Division, Board, Department, District, if applicable

Your Position
Assemblymember

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

Agency: _____ Position: _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
16 MAR -1 PM 2:00

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)*

- [ ] **Annual:** The period covered is January 1, 2015, through December 31, 2015.
  -or-
  The period covered is 1 / 1 / 2014, through December 31,
- [ ] **Assuming Office:** Date assumed ___/___/___
- [ ] **Leaving Office:** Date Left ___/___/___ *(Check one)*
  - ○ The period covered is January 1, 2015, through the date of leaving office.
  - -or-
  - ○ The period covered is ___/___/___, through the date of leaving office.
- [ ] **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 3

Schedules attached

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [x] **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*

(d)(5)

[redacted]

herein and in any attached schedules is true and complete. I acknowledge this is a pr

(d)(5)

[redacted]

I certify under penalty of perjury under the laws of the State of California that th

Date Signed 3-1-16 *(month, day, year)* Signature [redacted]

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

▶ 1. BUSINESS ENTITY OR TRUST

Shirley Ray Eggman Trust
Name

3501 W. Tuolumne Rd., Turlock, CA 95380
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS
Family Trust

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 ☑ 1/3 ownership/trust (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

Ray Eggman Apiators
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Farming
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 1/3 owner in trust

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

Comments:

Filer's Verification

Print Name Susan Eggman

Office, Agency or Court Assembly

Statement Type Annual ☑ 2014 (yr) Annual ☐ Assuming ☐ Leaving ☐ 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 (d)(5) **ct.**

Date Signed 3-1-16 (month, day, year) **Filer's Signatur**

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

▶ 1. BUSINESS ENTITY OR TRUST

Shirley Ray Eggman Trust
Name

3501 W. Tuolumne Rd., Turlock, CA 95380
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS
Family Trust

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 ☑ 1/3 ownership/trust (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
3501 W. Tuolumne Rd. Turlock, CA

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 1/3 owner in trust

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

Comments:

Filer's Verification

Print Name Susan Eggman

Office, Agency or Court Assembly

Statement Type 2015/2016 Annual ☐ 2014 (yr) Annual ☐ Assuming ☐ Leaving ☐ 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 (d)(5) **rect.**

Date Signed 3-1-16 *(month, day, year)* **Filer's Signatur**

2014 AT

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 2015 APR 21 PM 1:57

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Date Initial Filing Received Official Use Only

BK

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Susan Eggman

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California State Legislature

Division, Board, Department, District, if applicable: Assembly

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)*

- ☑ State
- ☐ Multi-County _____
- ☐ City of _____
- ☐ 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:*** 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
- ☑ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

(d)(5)

herein and in any attached schedules is true and complete. I acknowledge this is (d)(5)

I certify under penalty of perjury under the laws of the State of California tha

Date Signed 4-20-15 *(month, day, year)*

Signatu

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 St., Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 14	$ 68	Food and Drink
/ /	$	
/ /	$	

► 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 Eggman

Office, Agency or Court California State Legislature

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 4-20-15

Filer's Signatu (d)(5) [redacted]

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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Date Initial Filing Received
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By Olga

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Eggman Susan

RR

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

CA State Legislature

Division, Board, Department, District, if applicable: Assembly

Your Position: Assemblymember

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

Agency: _____ Position: _____

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FAIR POLITICAL PRACTICES COMMISSION
2015 MAR -5 PM 2:09

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:*** 3

- [ ] **Schedule A-1** - *Investments* – schedule attached
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- [ ] **Schedule B** - *Real Property* – schedule attached
- [ ] **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*

(d)(5) [redacted]

herein and in any attached schedules is true and complete. I acknowledge this is a [redacted] (d)(5)

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

Date Signed 3/5/15 *(month, day, year)* **Signature** [redacted]

SCHEDULE D
Income – Gifts

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

▶ NAME OF SOURCE *(Not an Acronym)*
California Climate & Agriculture Network
ADDRESS *(Business Address Acceptable)*
910 K St., Suite 340, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Represents Sustainable Agriculture Organizations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 25 / 14	$ 57	Tour/meals
/ /	$	
/ /	$	

▶ 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 Eggman

Office, Agency or Court CA State Legislature

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 3-5-15

(d)(5)

Filer's Signat

Comments:

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)*
California Chamber of Commerce
ADDRESS *(Business Address Acceptable)*
1215 K St.
CITY AND STATE
Sacramento, CA 95814
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 11/12/14 - 11/13/14 *(If gift)* AMT: $ 561.67

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

☒ Made a Speech/Participated in a Panel

☒ Other - Provide Description
Meals and lodging associated with speech

► 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

► 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 Eggman

Office, Agency or Court Ca State Legislature

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 3-5-15

Filer's Signatu (d)(5)

Comments:

13

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

RECEIVED MAR 02 2015 By BJH

Date Initial Filing Received
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Eggman Susan

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Ca State Legislature

Division, Board, Department, District, if applicable: Assembly

Your Position: Assemblymember

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

Agency: _____ Position: _____

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 2015 MAR -2 PM 5:56

RR

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:*** 8

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [ ] **Schedule A-2** - *Investments* – schedule attached
- [x] **Schedule B** - *Real Property* – schedule attached
- [ ] **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*

(d)(5)

I certify under penalty of perjury under the laws of the State of California that t

(d)(5)

Date Signed 3-2-2015 *(month, day, year)* Signature

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Susan Eggman

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1432 N. Columbia Ave.

CITY
Stockton, CA 95203

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
☑ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ $0 - $499 ☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
☐ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1428 N. Columbia Ave.

CITY
Stockton, CA 95203 (Apartment over garage)

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
☑ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ $0 - $499 ☐ $500 - $1,000 ☑ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
☐ None
NA/Less than 10K

* You are not required to report loans from commercial lending institutions 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

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

☐ Guarantor, if applicable

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Susan Eggman

SCHEDULE D
Income – Gifts

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/23/14	$ 35.00	Dinner
05/12/14	$ 44.31	Framed Picture
05/19/14	$ 45.36	Dinner

► NAME OF SOURCE *(Not an Acronym)*
Alex G. Spanos
ADDRESS *(Business Address Acceptable)*
1533 W. Lincoln Rd., Stockton, CA 95203
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Alex G. Spanos Development Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/01/14	$ 300.00	Ticket for Fundraiser
/ /	$	
/ /	$	

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06/11/14	$ 45.54	Dinner
06/17/14	$ 20.09	Reception
12/01/14	$ 26.47	Breakfast

► NAME OF SOURCE *(Not an Acronym)*
CA Legislative Women's Caucus
ADDRESS *(Business Address Acceptable)*
State Capitol, Room 2032, Sac, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Women's Legislative Issues

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/29/14	$ 85.00	Family/wedding gift
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Assn., of CA Colleges and Universities
ADDRESS *(Business Address Acceptable)*
1100 11th St., Sac, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Represents CA private Non-profit colleges

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/24/14	$ 7.56	Event
10/24/14	$ 240.00	Plaque
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
San Joaquin County Farm Bureau Federation
ADDRESS *(Business Address Acceptable)*
3290 N. Ad Art Rd., Stockton, CA 95215
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit organization (501C3)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04/11/14	$ 50.00	Dinner ticket
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Susan Eggman

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Ca Democratic Party
ADDRESS *(Business Address Acceptable)*
1830 9th St., Sac, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Democratic State Central Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/06/14	$ 73.63	policy conf. lunch
11/01/14	$ 41.20	Bowling
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
CA Business Roundtable
ADDRESS *(Business Address Acceptable)*
1301 I St., Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-partisan organization/promotes business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/06/14	$ 66.67	Dinner/reception
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
CA Labor Federation
ADDRESS *(Business Address Acceptable)*
1127 11th St., Suite #425, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Union Representatives

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/17/14	$ 60.00	Reception/Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
CA Biotechnology Foundation
ADDRESS *(Business Address Acceptable)*
1215 K St., Suite 970, Sac, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
501C3 Non-profit foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/06/14	$ 66.67	Dinner/Reception
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Ca Foundation for Commerce and Education
ADDRESS *(Business Address Acceptable)*
1215 K St., Suite #1400, Sac, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
501 C3 Non-profit foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/06/14	$ 66.67	Dinner/reception
/ /	$	
/ /	$	

► 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:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Susan Eggman

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Equality CA
ADDRESS *(Business Address Acceptable)*
1127 11th St., Suite 208, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lesbian, Gay, Bi-sexual, transgender adovocacy Otg.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 10 / 14	$ 50.00	Ticket to awards event
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

► 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:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Susan Eggman

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
CA Product Stewardship Council
ADDRESS *(Business Address Acceptable)*
1822 21St., Suite 100, Sac, Ca 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
501 C3 Non-profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 20 / 14	$ 55.49	Glass Award
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Latino Caucus leadership Political Action Committee
ADDRESS *(Business Address Acceptable)*
777 S. Fugueroa St., #4050, LA, CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Action Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 14	$ 194.84	Framed poster
11 / 30 / 14	$ 82.07	New Member Lunch
10 / 01 / 14	$ 130.00	Massage

► NAME OF SOURCE *(Not an Acronym)*
Mooretown Rancheria
ADDRESS *(Business Address Acceptable)*
1 Alverda Dr., Oroville, CA 95966
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Casino

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 13 / 14	$ 68.66	Dinner
/ /	$	
/ /	$	

► 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)*
Wester Ag Processors Assn.
ADDRESS *(Business Address Acceptable)*
1785 N. Fine Ave., Fresno, CA 93727
BUSINESS ACTIVITY, IF ANY, OF SOURCE
consulting service to other Ag Processors

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 19 / 14	$ 241.36	Dinner
01 / 19 / 14	$ 5.28	Reusable Bag
02 / 19 / 14	$ 27.06	Mixed nuts

► 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:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Susan Eggman

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)*
CA Psychiatric Association
ADDRESS *(Business Address Acceptable)*
1029 K St., Suite #28, Sac, CA 95814
CITY AND STATE
State level/non-profit organization
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 09/19/14 - 09/20/14 *(If gift)* AMT: $260.00

TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income

☑ Made a Speech/Participated in a Panel

☑ Other - Provide Description
Lodging and meals provided associated with speech

► NAME OF SOURCE *(Not an Acronym)*
Ca Latino Caucus Institute
ADDRESS *(Business Address Acceptable)*
301 E. Colorado Blvd., #800
CITY AND STATE
Pasadena, CA 91101
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 05/08/14 - 05/09/14 *(If gift)* AMT: $416.60

TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☑ Other - Provide Description
Hotel/Meal (presented with group award)

► 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

► 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

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Susan Eggman

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)*
CalChamber
ADDRESS *(Business Address Acceptable)*
1215 K St., Suite 1400
CITY AND STATE
Sac, CA 95814
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 11/11/14 - 11/12/14 *(If gift)* AMT: $ 837.85

TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income

☑ Made a Speech/Participated in a Panel

☐ Other - Provide Description
Travel/meals/lodging associated with speech on public policy

► 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

► 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

► 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

Comments: