CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received
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AUG - 6 2020
CITY OF NEVADA CITY

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Petersen	Gary	E

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Nevada City

Division, Board, Department, District, if applicable
City Council

Your Position
Councilmember

▶ 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 Nevada City

☐ Judge, Retired Judge, Pro Tem 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, 2019, through December 31, 2019.

-or-

The period covered is ____/____/_____, through December 31, 2019.

☐ **Assuming Office:** Date assumed ____/____/_____

☐ **Leaving Office:** Date Left ____/____/_____
(Check one circle.)

○ The period covered is January 1, 2019, through the date of leaving office.

-or-

○ The period covered is ____/____/_____, through the date of leaving office.

☑ **Candidate:** Date of Election November 3, 2020 and office sought, if different than Part 1: _____

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

Schedules attached

☐ **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. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
320	Park Ave	Nevada City	CA	95959650

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
( ) 465-7378	garypetersen50@gmail.com

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 acknowledge this is a public document.

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

Date Signed 8/6/2020 *(month, day, year)*

Signature _____ *(File the originally signed paper statement with your filing official.)*

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Gary Peterson

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Regional Government Services

ADDRESS *(Business Address Acceptable)*
Box 1350 Carmel Valley CA 93924

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
Senior Advisor

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $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

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $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 a commercial lending institution, 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: _____