



Please type or print in ink.

NAME OF FILER (LAST) Arellano (FIRST) Peter (MIDDLE) Dennis

**1. Office, Agency, or Court**

Agency Name City of Gilroy  
 Division, Board, Department, District, if applicable \_\_\_\_\_ Your Position Council member

► If filing for multiple positions, list below or on an attachment.

Agency: Gilroy Community Development Agency Position: Board member

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

- State
- Multi-County \_\_\_\_\_
- City of Gilroy
- Judge (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2010, through December 31, 2010.
  - or-
  - The period covered is \_\_\_\_\_, through December 31, 2010.
- Assuming Office: Date \_\_\_\_\_
- Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
  - The period covered is January 1, 2010, 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
- 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 have used all reasonable diligence in preparing this statement. I have reviewed this statement and in any attached schedules is true and complete. I acknowledge this is true and correct.

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

Date Signed 4/4/11 (month, day, year) Signature \_\_\_\_\_



# 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

Peter D. Arellano

▶ NAME OF BUSINESS ENTITY  
The Permanente Medical Group

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
HMO

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 Stockholder/employee  
(Describe)

Partnership     Income of \$0 - \$500  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 09      \_\_\_\_\_ / \_\_\_\_\_ / 09  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 of \$0 - \$500  
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 ACQUIRED                                  DISPOSED

Comments: \_\_\_\_\_