CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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CITY OF BISHOP

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FAIR POLITICAL PRACTICES COMMISSION
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
GARDNER	PATRICIA	L

1. Office, Agency, or Court

Agency Name
CITY OF BISHOP

Division, Board, Department, District, if applicable: CITY COUNCIL

Your Position: COUNCIL MEMBER

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

Agency: _____ Position: _____

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

- ☐ State
- ☐ Multi-County _____
- ☒ City of BISHOP
- ☐ 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, 2011, through December 31, 2011.

-or-

The period covered is ___/___/_____, through December 31, 2011.

☒ **Assuming Office:** Date assumed 11 / 26 / 2012

☐ **Leaving Office:** Date Left ___/___/_____ *(Check one)*

○ The period covered is January 1, 2011, through the date of leaving office.

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

☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

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
- ☒ **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*

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

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

Date Signed 12/17/2012 (month, day, year) Signatu

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
PATRICIA L GARDNER

► NAME OF BUSINESS ENTITY
APPLE

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
TECHNOLOGY

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:
___/___/ 11 ___/___/ 11
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
PFIZER

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
PHARMACEUTICAL

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:
___/___/ 11 ___/___/ 11
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
SIERRA BROADCASTERS LLC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
BROADCAST STATION

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:
___/___/ 11 ___/___/ 11
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 Received of $0 - $499
○ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
___/___/ 11 ___/___/ 11
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 Received of $0 - $499
○ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
___/___/ 11 ___/___/ 11
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 Received of $0 - $499
○ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
___/___/ 11 ___/___/ 11
ACQUIRED DISPOSED

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
PATRICIA L GARDNER

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
786 GROVE STREET

CITY
BISHOP

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/11 ACQUIRED ___/___/11 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.

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/11 ACQUIRED ___/___/11 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.

* 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*
IRENE LAMMIMAN

ADDRESS *(Business Address Acceptable)*
2766 SUNSET ROAD, BISHOP, CA 93514

BUSINESS ACTIVITY, IF ANY, OF LENDER
NONE

INTEREST RATE
5 %
☐ None

TERM (Months/Years)
20

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:

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
PATRICIA L GARDNER

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
PIONEER HOME HEALTH CARE, INC.

ADDRESS *(Business Address Acceptable)*
162 E. LINE STREET, BISHOP CA 93514

BUSINESS ACTIVITY, IF ANY, OF SOURCE
HOME HEALTH AGENCY

YOUR BUSINESS POSITION
PHYSICAL THERAPIST

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
☐ Loan repayment ☐ Partnership
☐ Sale of _____ *(Real property, car, boat, etc.)*
☐ Commission or ☐ Rental income, *list each source of $10,000 or more*
☐ Other _____ *(Describe)*

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
SPORTS MEDICINE AND REHAB THERAPY, INC.

ADDRESS *(Business Address Acceptable)*
766 GROVE STREET, BISHOP, CA 93514

BUSINESS ACTIVITY, IF ANY, OF SOURCE
FORMER PHYSICAL THERAPY PRACTICE

YOUR BUSINESS POSITION
PRESIDENT

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
☐ Loan repayment ☐ Partnership
☐ Sale of _____ *(Real property, car, boat, etc.)*
☐ Commission or ☐ Rental income, *list each source of $10,000 or more*
☒ Other CASH DISTRIBUTION (SPOUSE ALSO) *(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*
NONE

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
PATRICIA L GARDNER

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
SOUTHERN MONO HEALTH CARE DISTRICT

ADDRESS *(Business Address Acceptable)*
P.O. BOX 660, MAMMOTH LAKES, CA 93546

BUSINESS ACTIVITY, IF ANY, OF SOURCE
HEALTHCARE

YOUR BUSINESS POSITION
PHYSICAL THERAPIST

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
☐ Loan repayment ☐ Partnership
☐ Sale of _____ *(Real property, car, boat, etc.)*
☐ Commission or ☐ Rental income, *list each source of $10,000 or more*
☐ Other _____ *(Describe)*

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
IXIA HOLDINGS LLC

ADDRESS *(Business Address Acceptable)*
151 PIONEER LANE, BISHOP, CA 93514

BUSINESS ACTIVITY, IF ANY, OF SOURCE
SKILLED NURSING FACILITY

YOUR BUSINESS POSITION
PHYSICAL THERAPIST

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
☐ Loan repayment ☐ Partnership
☐ Sale of _____ *(Real property, car, boat, etc.)*
☐ Commission or ☐ Rental income, *list each source of $10,000 or more*
☐ Other _____ *(Describe)*

2. LOAN 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: _____