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CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

FAIR POLITICAL PRACTICES COMMISSION
2013 JAN 24 PM 1:29

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Please type or print in ink.

NAME OF FILER (LAST): HUEBNER (FIRST): PETER (MIDDLE):

HEATHER FOSTER, COUNTY CLERK
By: [illegible]

1. Office, Agency, or Court

Agency Name: SIERRA COUNTY

Division, Board, Department, District, if applicable: BOARD OF SUPERVISOR

Your Position: County Supervisor

► 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 SEE LIST
- ☐ City of _____
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☒ County of SIERRA
- ☒ Other MEMBER COUNTIES

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

☒ **Annual:** The period covered is January 1, 2012, through December 31, 2012.

-or-

The period covered is ___/___/_____, through December 31, 2012.

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

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

○ The period covered is January 1, 2012, 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:*** _____

- ☐ **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

[redacted]

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

Date Signed 01-19-2013
(month, day, year)

[redacted]

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CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
216 - 49 NER DR

CITY
Sierra City, CA 96125

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

IF APPLICABLE, LIST DATE:
5/2/06 ACQUIRED
__/__/12 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

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:
__/__/12 ACQUIRED
__/__/12 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

* 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*
Wells Fargo Bank

ADDRESS *(Business Address Acceptable)*
PO Box 10368

BUSINESS ACTIVITY, IF ANY, OF LENDER
Des Moines, IA 50306-0368

INTEREST RATE
3.7 %
☐ None

TERM (Months/Years)
10 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

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

- **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 $440 gift limit, but may result in a disqualifying conflict of interest.**

▶ NAME OF SOURCE *(Not an Acronym)*
AIR QUALITY OF N. CA
ADDRESS *(Business Address Acceptable)*
PO Box 2509
CITY AND STATE
GRASS VALLEY, CA 95945
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 1/1/12 - 12/31/12 *(If gift)* AMT: $ 1647.80

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

☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
TRAVEL to BOARD Meetings

▶ NAME OF SOURCE *(Not an Acronym)*
NORTEC
ADDRESS *(Business Address Acceptable)*
7420 SKY WAY
CITY AND STATE
PARADISE, CA 95969
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)

DATE(S): 1/1/12 - 12/31/12 *(If gift)* AMT: $ 1400.00

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

☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
TRAVEL, Lodging, MEALS
BOARD Meetings

▶ NAME OF SOURCE *(Not an Acronym)*
CSAC-EIA
ADDRESS *(Business Address Acceptable)*
75 Iron Point Circle #200
CITY AND STATE
FOLSOM, CA 95630
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
EXECUTIVE Meetings

DATE(S): 1/1/12 - 12/31/12 *(If gift)* AMT: $ 2712.32

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

☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
TRAVEL, Lodging, MEALS

▶ NAME OF SOURCE *(Not an Acronym)*
Trindel INS. Fund
ADDRESS *(Business Address Acceptable)*
PO Box 2069
CITY AND STATE
Weaverville, CA 96093
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 1/1/12 - 12/31/12 *(If gift)* AMT: $ 2558.91

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

☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
BOARD Meetings
TRAVEL, MEALS

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

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

- **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. These payments are not subject to the $420 gift limit, but may result in a disqualifying conflict of interest.**

▶ NAME OF SOURCE: County of Sierra
ADDRESS (Business Address Acceptable): Court House
CITY AND STATE: Downieville, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: ☐ 501 (c)(3)
DATE(S): 1/1/12 - 12/31/12 (If gift) AMT: $ 5963.70
TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description: County Travel to Meetings

▶ NAME OF SOURCE: RCRC
ADDRESS (Business Address Acceptable): 1215 K Street
CITY AND STATE: Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: ☐ 501 (c)(3)
DATE(S): 1/1/12 - 12/31/12 (If gift) AMT: $ 232.32
TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description: Board Meeting

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE: ☐ 501 (c)(3)
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
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE: ☐ 501 (c)(3)
DATE(S): __/__/__ - __/__/__ (If gift) AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments:

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JURISDICTION OF OFFICE

MULTI-COUNTY

Alameda
Alpine
Amador
Butte
Calaveras
Colusa
Contra Costa
Del Norte
El Dorado
Fresno
Glenn
Humboldt
Imperial
Inyo
Kern
Kings
Lake
Lassen
Madera
Marin
Mariposa
Mendocino
Merced
Modoc
Mono
Monterey
Napa
Nevada
Placer
Plumas
Riverside
Sacramento
San Benito
San Bernardino
San Diego
San Joaquin
San Luis Obispo
Santa Barbara
Santa Clara
Santa Cruz
Shasta
Sierra
Siskiyou
Solano
Sonoma
Stanislaus
Sutter
Tehama
Trinity
Tulare
Tuolumne
Ventura
Yolo
Yuba

COPY

Form 700 Statement of Economic Interest - Expanded Statement

Sierra County Service Area 2 - Supervisor

Sierra County Board of Equalization – District #2

Sierra County Local Transportation Commission – BOS Representative

Sierra County Local Agency Formation Commission (LAFCO) – BOS Representative

Sierra County Airport Advisory Committee – BOS Alternate

Regional Council of Rural Counties (RCRC) – Alternate
1215 K St., Ste. 1650
Sacramento, CA 95814

GP Northern Sierra Air Quality Management District – BOS Representative
P.O. Box 2305
Grass Valley, CA 95945

NoRTEC, (Northern Rural Training and Employment Consortium) – BOS Representative
525 Wall Street
Chico, CA 95928

CSAC – Excess Insurance Authority – Alternate
75 Iron Point Circle, Ste. 200
Folsom, CA 95630

Trindel Insurance Fund – Alternate
P.O. Box 2069
Weaverville, CA 96093

GP Long Valley Groundwater Management District – Director #7
C/O Lassen County Dept. of community Development
707 Nevada Street, Suite 5
Susanville, CA 96130