CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

A PUBLIC DOCUMENT

COUNTY OF SACRAMENTO
BOARD OF SUPERVISORS
14 JUN 10 AM 9:21

Date Received
Official Use Only

GP

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Peters (McCuen)	Susan	

1. Office, Agency, or Court

Agency Name
Sacramento County Board of Supervisors

Division, Board, Department, District, if applicable
District Three

Your Position
County Supervisor

FILED
SACRAMENTO COUNTY
JUN 11 2014
DAVID VILLANUEVA, CLERK/RECORDER
BY _____ DEPUTY

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

Agency: see attached

Position:

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

☐ State
☐ Multi-County
☐ City of
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☒ County of Sacramento
☐ Other

RECEIVED
2014 JUN 16 AM 10:24
FAIR POLITICAL PRACTICES COMMISSION

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:* 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-

I have used all reasonable diligence in preparing this statement. I have reviewed this
herein and in any attached schedules is true and complete. I acknowledge this is a

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

Date Signed 06/09/2014
(month, day, year)

Signature

SUSAN PETERS (MCCUEN)

2012 California Form 700 Amendment
Fair Political Practices Commission

ATTACHMENT

Area 4 Agency on Aging, Governing Board Member
Regional Human Right/Fair Housing Commission, Governing Board Member
Sacramento Area Council of Governments, Board Member
Sacramento Area Flood Control Agency, Board Member
Sacramento Area Sewer District, Board Member
Sacramento County Public Facilities Financing Corporation, Board Member
Sacramento Area Local Agency Formation Commission, Board Member
Sacramento Metropolitan Air Quality Management District, Board Member
Sacramento Metropolitan Cable Television Commission, Board Member
Sacramento Public Library Authority Governing Board Member
Sacramento Regional Arts Facilities Financing Authority, Board Member
Sacramento Regional County Sanitation District, Board Member
Sacramento Regional Solid Waste Authority, Alternate Member
Sacramento Transportation Authority/Abandoned Vehicle Service, Board Member
Tobacco Securitization Corporation, Board Member

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

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

▶ 1. BUSINESS ENTITY OR TRUST

McCuen Mather Partners IV
Name

3610 American River Dr. #100 Sacramento, CA 95864
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Office Building, Ltd. Partnership

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:
___/___/12 ACQUIRED ___/___/12 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☒ Partnership ☐ _____ Other

YOUR BUSINESS POSITION Ltd. Partner

▶ 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

Educational Credit Management; Sutter Connect; Xerox ACS State & Local; State of California; ~~Emergency Management Service; Solutions Inc.~~

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

10370 & 10390 Peter McCuen Blvd. Mather CA 95827
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Office Building
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:
___/___/12 ACQUIRED ___/___/12 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☒ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

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

Comments:

Filer's Verification

Print Name Susan Peters (McCuen)

Office, Agency or Court Sacramento County Board of Supervisors, District 3, County Supervisor

Statement Type ☐ 2012/2013 Annual ☒ 2012 (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 that (c)(1) **t.**

Date Signed 06/09/2014 *(month, day, year)* **Filer's Signature**

BOS

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

GP

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 2013 APR 16 AM 11: 11

COUNTY OF SACRAMENTO BOARD OF SUPERVISORS Received Official Use Only 13 MAR 27 AM 10: 27

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
PETERS (MCCUEN)	SUSAN	

FILED MAR 27 2013 CRAIG A. KRAMER, CLERK-RECORDER By CK DEPUTY

1. Office, Agency, or Court

Agency Name: Sacramento County, Board of Supervisors

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

Your Position: County Supervisor

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

Agency: See Attached

Position:

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

- ☐ State
- ☐ Multi-County
- ☐ City of
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☑ County of Sacramento
- ☐ Other

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 ___/___/___

☐ **Candidate:** Election year ___ and office sought, if different than Part 1:

☐ **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.

4. Schedule Summary

Check applicable schedules or "None."

► *Total number of pages including this cover page:* 13

- ☑ **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*

(c)(1)

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

(c)(1)

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

Date Signed 3-26-13 *(month, day, year)*

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

SUSAN PETERS (MCCUEN)

2012 California Form 700
Fair Political Practices Commission

ATTACHMENT

Area 4 Agency on Aging, Governing Board Member
Regional Human Right/Fair Housing Commission, Governing Board Member
GP Sacramento Area Council of Governments, Board Member
Sacramento Area Flood Control Agency, Board Member
Sacramento Area Sewer District, Board Member
Sacramento County Public Facilities Financing Corporation, Board Member
Sacramento Area Local Agency Formation Commission, Board Member
Sacramento Metropolitan Air Quality Management District, Board Member
Sacramento Metropolitan Cable Television Commission, Board Member
Sacramento Public Library Authority Governing Board Member
Sacramento Regional Arts Facilities Financing Authority, Board Member
Sacramento Regional County Sanitation District, Board Member
Sacramento Regional Solid Waste Authority, Alternate Member
Sacramento Transportation Authority/Abandoned Vehicle Service, Board Member
Tobacco Securitization Corporation, Board Member

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
Susan Peters (McCuen)

► NAME OF BUSINESS ENTITY
Golden Pacific Bancorp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Bank holding company

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ◉ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 12 ACQUIRED ___/___/ 12 DISPOSED

► NAME OF BUSINESS ENTITY
McDonald's Corporation

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Food Service

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 12 ACQUIRED ___/___/ 12 DISPOSED

► NAME OF BUSINESS ENTITY
Microsoft

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Computer

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 12 ACQUIRED ___/___/ 12 DISPOSED

► NAME OF BUSINESS ENTITY
Target Corporation

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Department Store

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 12 ACQUIRED ___/___/ 12 DISPOSED

► NAME OF BUSINESS ENTITY
Teva Pharmaceuticals

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmaceuticals

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 12 ACQUIRED ___/___/ 12 DISPOSED

► NAME OF BUSINESS ENTITY
Vodafone Group PLC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
IT

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 12 ACQUIRED ___/___/ 12 DISPOSED

Comments: _____

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
Susan Peters (McCuen)

► NAME OF BUSINESS ENTITY
Intel

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Computer Chips

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:
___/___/ 12 ___/___/ 12
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:
___/___/ 12 ___/___/ 12
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Costco

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Department Store

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:
___/___/ 12 ___/___/ 12
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:
___/___/ 12 ___/___/ 12
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:
___/___/ 12 ___/___/ 12
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:
___/___/ 12 ___/___/ 12
ACQUIRED DISPOSED

Comments: _____

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
Susan Peters (McCuen)

► NAME OF BUSINESS ENTITY
General Mills

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:
08 / 06 / 12 ACQUIRED ___/___/ 12 DISPOSED

► NAME OF BUSINESS ENTITY
Ford

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Automobile Company

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
08 / 06 / 12 ACQUIRED ___/___/ 12 DISPOSED

► NAME OF BUSINESS ENTITY
Lowes

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retail Store

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:
08 / 06 / 12 ACQUIRED 09 / 26 / 12 DISPOSED

► NAME OF BUSINESS ENTITY
Pepsico

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Soft Drink Company

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:
08 / 06 / 12 ACQUIRED ___/___/ 12 DISPOSED

► NAME OF BUSINESS ENTITY
Bristol Myers

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Drug Company

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:
08 / 06 / 12 ACQUIRED ___/___/ 12 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:
___/___/ 12 ACQUIRED ___/___/ 12 DISPOSED

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Susan Peters (McCuen)

▶ 1. BUSINESS ENTITY OR TRUST

McCuen American River Drive Partners, LP
Name

3640 American River Dr., Ste. 150, Sacramento, 95864
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Office Building, Ltd. Partnership

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:
___/___/12 ACQUIRED ___/___/12 DISPOSED

NATURE OF INVESTMENT
☑ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION Ltd. Partner

▶ 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

See Attachment

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box.
☐ INVESTMENT ☑ REAL PROPERTY

3636 American River Dr., Sacramento, CA 95864
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Office Building
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:
___/___/12 ACQUIRED ___/___/12 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☑ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

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

---

▶ 1. BUSINESS ENTITY OR TRUST

McCuen American River Drive Investors, LP
Name

3640 American River Dr., Ste. 150, Sacramento, 95864
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Office Building, Ltd. Partnership

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:
___/___/12 ACQUIRED ___/___/12 DISPOSED

NATURE OF INVESTMENT
☑ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION Ltd. Partner

▶ 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

See Attachment

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box.
☐ INVESTMENT ☑ REAL PROPERTY

3636 American River Dr., Sacramento, CA 95864
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Office Building
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:
___/___/12 ACQUIRED ___/___/12 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☑ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

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

---

Comments: _____

Form 700

Susan Peters (McCuen)

Schedule A-2 Attachment

February 8, 2013
McCuen American River Drive Investors, LP and McCuen American River Drive Partners, LP

Interwest Insurance Services
John O. Bronson
Matheny, Linkert, Sears and Long
William L. Lyon and Associates
McCuen Properties

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Susan Peters (McCuen)

▶ 1. BUSINESS ENTITY OR TRUST

McCuen Mather Partners IV
Name

3640 American River Dr., Ste. 150, Sacramento, 95864
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Office Building, Ltd. Partnership

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:
___/___/12 ACQUIRED
___/___/12 DISPOSED

NATURE OF INVESTMENT
☑ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION Ltd. Partner

▶ 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

Educational Credit Management; Sutter Connect;
Xerox ACS State & Local; State of California;
~~Emergency Management Service; Solutions, Inc.~~

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box
☐ INVESTMENT ☑ REAL PROPERTY

3636 American River Dr., Sacramento, CA 95864
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Office Building
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:
___/___/12 ACQUIRED
___/___/12 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☑ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

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

▶ 1. BUSINESS ENTITY OR TRUST

Mather Development Partners IV LP
Name

3640 American River Dr., Ste. 150, Sacramento, 95864
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Office Building, Ltd. Partnership

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:
___/___/12 ACQUIRED
___/___/12 DISPOSED

NATURE OF INVESTMENT
☑ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION Class C Ltd. Partner

▶ 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

Educational Credit Management; Sutter Connect;
Xerox ACS State & Local; State of California;
~~Emergency Management Service; Solutions, Inc.~~

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box
☐ INVESTMENT ☑ REAL PROPERTY

3636 American River Dr., Sacramento, CA 95864
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Office Building
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:
___/___/12 ACQUIRED
___/___/12 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☑ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

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

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Susan Peters (McCuen)

▶ 1. BUSINESS ENTITY OR TRUST

McCuen Mather Partners II
Name

3640 American River Dr., Suite 150, Sacramento, 95864
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Land

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:
___/___/12 ACQUIRED
___/___/12 DISPOSED

NATURE OF INVESTMENT
☑ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION Ltd. Partner

▶ 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

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☑ REAL PROPERTY

Boundaried: Mather/Vonkarmen/Armstrong/P.McCuen
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Land
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:
___/___/12 ACQUIRED
___/___/12 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☑ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

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

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▶ 1. BUSINESS ENTITY OR TRUST

Plaza del Paso Partners, LP
Name

3640 American River Dr., Suite 150, Sacramento, 95864
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Office Building, Ltd. Partnership

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:
___/___/12 ACQUIRED
___/___/12 DISPOSED

NATURE OF INVESTMENT
☑ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION Ltd. Partner

▶ 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

Sacramento Employment Training Agency
Department of Health & Human Services

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☑ REAL PROPERTY

925 Del Paso Blvd., Sacramento, CA
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Office Building
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:
___/___/12 ACQUIRED
___/___/12 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☑ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

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

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Comments: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Susan Peters (McCuen)

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Dawson & Associates, Inc.
ADDRESS *(Business Address Acceptable)*
1225 I Street, NW, Suite 250, Washington, DC 20005
BUSINESS ACTIVITY, IF ANY, OF SOURCE
meal at Washington City Club

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 22 / 12	$ 73	Dinner for Cap to Cap
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Teichert
ADDRESS *(Business Address Acceptable)*
3500 American River Dr., Sacramento, CA 95864
BUSINESS ACTIVITY, IF ANY, OF SOURCE
meal at Long View Gallery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 23 / 12	$ 112	Dinner for Cap to Cap
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Surewest
ADDRESS *(Business Address Acceptable)*
8150 Industrial Ave., Roseville, CA 95678
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cocktails at Charlie Palmer Steak House

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 23 / 12	$ 50	Cap to Cap
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Sutter Medical Center
ADDRESS *(Business Address Acceptable)*
2800 L Street, Sacramento, CA 95816
BUSINESS ACTIVITY, IF ANY, OF SOURCE
meal at Long View Gallery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 23 / 12	$ 112	Dinner for Cap to Cap
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Kaiser
ADDRESS *(Business Address Acceptable)*
6600 Bruceville Road, Sacramento, CA 95823
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cocktails at Charlie Palmer Steak House

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 23 / 12	$ 50	Cap to Cap
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
The Sandy Smoley Group
ADDRESS *(Business Address Acceptable)*
1216 18th Street, Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
UCP Humanitarian of the Year

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 10 / 12	$ 150	Dinner
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Susan Peters (McCuen)

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Camray Marketing Corporation
ADDRESS *(Business Address Acceptable)*
11290 Pyrites Way, Suite 102, Gold River, CA 95670
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 11 / 12	$ 80	Rotary Crab Feed Tkts
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Capital South East Connector, JPA
ADDRESS *(Business Address Acceptable)*
10640 Mather Blvd., Suite 120, Mather, CA 95655
BUSINESS ACTIVITY, IF ANY, OF SOURCE
meeting at Smith & Wollesksky Steak house

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 21 / 12	$ 50	Beverages Cap to Cap
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Fair Oaks Theatre Festival
ADDRESS *(Business Address Acceptable)*
7991 California Ave, Fair Oaks, CA 95628
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 17 / 12	$ 50	St. Patrick's Day Tkts.
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Hefner, Stark & Marois, LLP
ADDRESS *(Business Address Acceptable)*
2150 River Plaza Dr. Ste. 450, Sacramento, 95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE
meal at Occidental Grill & Seafood

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 21 / 12	$ 95	Dinner for Cap to Cap
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Twin Rivers Unified School District
ADDRESS *(Business Address Acceptable)*
5115 Dudley Blvd., McClellan, CA 95852
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 24 / 12	$ 50	Fundraiser Dream Prjt.
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Law Office of Gregory Thatch
ADDRESS *(Business Address Acceptable)*
1730 I Street, Ste. 220, Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
meal at Washington City Club

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 22 / 12	$ 73	Dinner for Cap to Cap
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Susan Peters (McCuen)

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Sacramento Asian Pacific Chamber of Commerce
ADDRESS *(Business Address Acceptable)*
2012 H Street, Suite 202, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Chamber of Commerce Annual Installation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/20/12	$ 300	2 tickets/awards dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Corgan Associates, Inc.
ADDRESS *(Business Address Acceptable)*
6705 Lindbergh Dr., Sacramento, CA 95837
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/07/12	$ 145	Ticket/ACEC Award
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Sports Commission
ADDRESS *(Business Address Acceptable)*
1030 15th Street, Suite 200, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/23/12	$ 100	Dusty Baker Luncheon
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
GenCorp/Aerojet
ADDRESS *(Business Address Acceptable)*
P.O. Box 537012, Sacramento, CA 95853
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Valley Vision Annual Legacy Feast

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/16/12	$ 75	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Lucas Public Affairs
ADDRESS *(Business Address Acceptable)*
1215 K Street, Suite 1120, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/30/12	$ 60	State of the City Ticket
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Sacramento Regional Builders Exchange
ADDRESS *(Business Address Acceptable)*
1331 T Street, Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
A Night on the River, Powerhouse Science Center

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/17/12	$ 75	Fund Raiser Reception
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Susan Peters (McCuen)

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
SACOG
ADDRESS *(Business Address Acceptable)*
1415 L Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 08 / 12	$ 55	State of the Region
/ /	$	
/ /	$	

► 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: