

ANW13



CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) BAKERSFIELD CITY CLERK
Rivera Peter William

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Bakersfield

Division, Board, Department, District, if applicable

Your Position

Councilmember, Ward 1

► 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

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of Bakersfield

Other _____

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

Annual: The period covered is January 1, 2013, through December 31, 2013.

Leaving Office: Date Left ____/____/____
(Check one)

-or-
The period covered is 06 / 27 / 2013, through December 31, 2013.

The period covered is January 1, 2013, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

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 C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

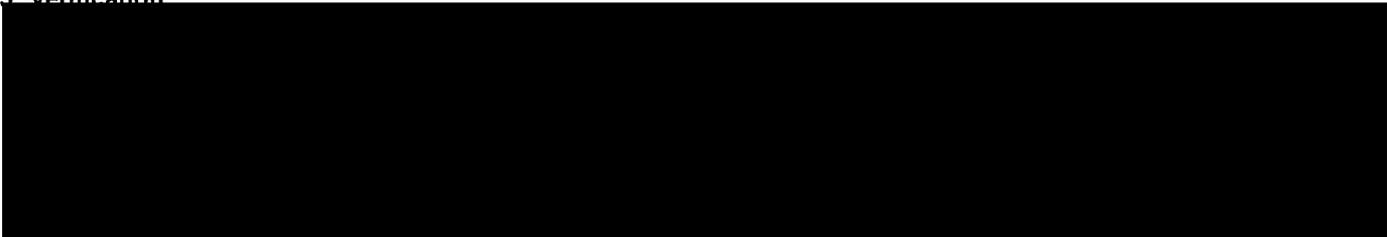
Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification



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

Date Signed 02/27/2014
(month, day, year)

SCHEDULE D
Income – Gifts

Name
 Peter Rivera

▶ NAME OF SOURCE (Not an Acronym)
 Mayor Harvey Hall

ADDRESS (Business Address Acceptable)
 Bakersfield, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Owner- Hall Ambulance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 15 13 / /	75 \$	Poinsettia
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Aaron Rivani

ADDRESS (Business Address Acceptable)
 Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Real Estate & Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 15 13 / /	85 \$	Gift Basket
/ /	\$	
/ /	\$	

▶ 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: _____