

STATEMENT OF ECONOMIC INTERESTS

FILED
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SIERRA COUNTY CLERK

FEB 20 2014

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FAIR POLITICAL
PRACTICES COMMISSION
14 FEB 25 PM 1:16
Peter

COVER PAGE



HEATHER FOSTER
DEPUTY
(MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST) Huebner (FIRST) Peter (MIDDLE) W

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Sierra County

Division, Board, Department, District, if applicable

Board of Supervosors

Your Position

County Supervisor district two

► 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
- 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, 2013, through December 31, 2013.
- or-
- The period covered is _____, through December 31, 2013.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- The period covered is _____, through the date of leaving office.
- Candidate: Election year 2014 and office sought, if different than Part 1: Supervisor District Two

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 Signature Area]

California that the foregoing is true and correct.

Signature 02-20-2014
(File the originally signed statement with your filing official.)

Form 700 Statement of Economic Interest - Expanded Statement

RECEIVED
FAIR POLITICAL
COMMISSION

Sierra County Service Area 2 - Supervisor

14 FEB 25 PM 1:16



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

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

Long Valley Groundwater Management District – Director #7

C/O Lassen County Dept. of community Development
707 Nevada Street, Suite 5
Susanville, CA 96130

Western Sierra Residential Center

P.O. Box 401
Downieville, CA 95936

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Huebner, PW

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
216 Forty Niner 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:
10/10/13 ACQUIRED _____ 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:
 _____ / _____ / 13 ACQUIRED _____ / _____ / 13 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, Il 50368

INTEREST RATE TERM (Months/Years)
4 % None 10

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 TERM (Months/Years)
_____ % None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

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

Name
 Huebner, PW

- 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)
 Trindel Insurance 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): 01 / 01 / 13 - 12 / 31 / 13 AMT: \$ 326.21
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
board meetings, lodging, meals, travel

▶ NAME OF SOURCE (Not an Acronym)
 Western Sierra Residential Center

ADDRESS (Business Address Acceptable)
 PO Box 401

CITY AND STATE
 Downieville, Ca 95936-0401

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 01 / 01 / 13 - 12 / 31 / 13 AMT: \$ 5,193.94
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
reimbursement for expenses paid

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____

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

Name
 Huebner, PW

- 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)
 County of Sierra

ADDRESS (Business Address Acceptable)
 Court House

CITY AND STATE
 Downieville, Ca 96125

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 01/01/13 - 12/31/13 AMT: \$ 3,455.88
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
travel to meetings, lodging, meals

▶ NAME OF SOURCE (Not an Acronym)
 Air Quality Board

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): 01/01/13 - 12/31/13 AMT: \$ 763.20
 (if gift)

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): 01/01/13 - 12/31/13 AMT: \$ 832.55
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
travel, lodging, meals at 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)

DATE(S): 01/01/13 - 12/31/13 AMT: \$ 1,465.77
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
travel, lodging, meals at board meetings

Comments: _____