

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

FILED  
SIERRA COUNTY CLERK  
Date Initial Filing  
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BY: HEATHER FOSTER DEPUTY

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
SIERRA COUNTY  
Division, Board, Department, District, if applicable  
BOARD OF SUPERVISORS  
Your Position  
COUNTY SUPERVISOR, DISTRICT

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION  
2015 JAN 28 2:32

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, 2014, through December 31, 2014.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2014.
- Leaving Office: Date Left \_\_\_\_\_ (Check one)  
 The period covered is January 1, 2014, through the date of leaving office.  
 The period covered is \_\_\_\_\_, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_\_
- 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: 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

5. Verification

[Redacted Signature Area]

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

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed \_\_\_\_\_ Signature 01-26-2015  
(File the originally signed statement with your filing official.)

**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

Name \_\_\_\_\_

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
216 FORTY NINER DRIVE  
 CITY  
SIERRA CITY, CA 96125

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED: 05/12/14      DISPOSED: \_\_\_\_\_/\_\_\_\_\_/14

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      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED: \_\_\_\_\_/\_\_\_\_\_/14      DISPOSED: \_\_\_\_\_/\_\_\_\_\_/14

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 50306-0368  
 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 D  
Income - Gifts**

Name \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
CHF

ADDRESS (Business Address Acceptable)  
1215 K STREET, SACRAMENTO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01/01/14</u>	<u>\$ -0-</u>	<u>ALTERNATE</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
SED CORP

ADDRESS (Business Address Acceptable)  
560 WALL STREET, AUBURN, CA 95603

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01/01/14</u>	<u>\$ -0-</u>	<u>ALTERNATE</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ 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: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
AIR QUALITY OF NEVADA County  
 ADDRESS (Business Address Acceptable)  
P. O. BOX 2509  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
GRASS VALLEY, CA 95945

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/01/14	\$ 1151.92	TRAVEL TO
___/___/___	\$ _____	BOARD Meetings
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
NORTEC  
 ADDRESS (Business Address Acceptable)  
7420 SKY WAY  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
PARADISE, CA 95969

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/01/14	\$ 1176.31	TRAVEL TO BOARD
___/___/___	\$ _____	meeting's, Lodging.
___/___/___	\$ _____	MEALS

▶ NAME OF SOURCE (Not an Acronym)  
CSAC-EIA  
 ADDRESS (Business Address Acceptable)  
75 IRON POINT Circle # 200  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
FOLSOM, CA 95630

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/01/14	\$ 2744.75	TRAVEL, Lodging
___/___/___	\$ _____	MEALS
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
TRINDEL INS. FUND  
 ADDRESS (Business Address Acceptable)  
PO BOX 2069  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
WEAVERVILLE, CA 96093

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/01/14	\$ 972.63	TRAVEL, Lodging, MEALS
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
County of SIERRA  
 ADDRESS (Business Address Acceptable)  
Courthouse  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Downieville, CA 95936-0398

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/01/14	\$ 7049.50	TRAVEL, MEALS
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
RCRC  
 ADDRESS (Business Address Acceptable)  
1215 K Street  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
SACRAMENTO, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/01/14	\$ 24.52	TRAVEL
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: \_\_\_\_\_

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

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

SEDCorp – BOS Alternate

560 Wall Street, Suite F  
Auburn, CA 95603