

COVER PAGE

Filed Date: 03/28/2016 03:35 PM
SAN: 111400078-STH-0078

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
County of Sacramento
Division, Board, Department, District, if applicable Your Position
Board of Supervisors Board Member

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

Agency: SEE ATTACHED LIST Position:

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

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

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

- Annual: The period covered is January 1, 2015, through December 31, 2015. Leaving Office: Date Left ____/____/____ (Check one)
- or- Assuming Office: Date assumed ____/____/____ The period covered is January 1, 2015, through the date of leaving office.
- Candidate: Election year ____ and office sought, if different than Part 1: ____ -or- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 12

Schedules attached

- 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. [Redacted area]

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

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

Date Signed 03/28/2016 03:35 PM Signature

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



EXPANDED STATEMENT LIST

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Susan Peters

Agency Name	Division Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Sacramento County Water Agency (SCWA)	District 3	Director	County of Sacramento	Annual	12/31/14 - 12/31/15
California State Association of Counties Board of Directors	District 3	Member	State California	Annual	12/31/14 - 12/31/15
Tobacco Securitization Authority of Northern California	District 3	Member	Multi-county Sacramento, San Diego	Annual	12/31/14 - 12/31/15
Tobacco Securitization Authority of Southern California	District 3	Member	Multi-county Sacramento, San Diego	Annual	12/31/14 - 12/31/15
Tobacco Securitization Corporation	District 3	Member	Multi-county Sacramento, San Diego	Annual	12/31/14 - 12/31/15
Urban Counties Caucus	District 3	Member	Multi-county Northern, Southern, Bay Area Regions	Annual	12/31/14 - 12/31/15
Regional Water Agency (RWA) Joint Powers Authority	District 3	Member	Multi-county El Dorado, Placer, Sacramento	Annual	12/31/14 - 12/31/15
Sacramento Area Council of Governments (SACOG)	District 3	Member	Multi-county El Dorado, Placer, Sacramento, Sutter, Yolo, Yuba	Annual	12/31/14 - 12/31/15
Sacramento Area Flood Control Agency (SAFCA)	District 3	Member	Multi-county Sacramento, Sutter	Annual	12/31/14 - 12/31/15
Sacramento Regional County Sanitation District (SRCSD)		Seat – 0000003	Multi-county Sacramento, Yolo	Annual	12/31/14 - 12/31/15
Area 4 Agency on Aging - Governing Board		Seat – 0000003	Multi-county Sac,NV,Placer, Sierra,Sutter, Yolo,Yuba	Annual	12/31/14 - 12/31/15
Sacramento Metropolitan Cable Television Commission		Board Member	County of Sacramento	Annual	01/01/15 - 12/31/15
Solid Waste Authority	District 3	Member	County of Sacramento	Annual	12/31/14 - 12/31/15
Criminal Justice Cabinet	District 2	Alternate	County of Sacramento	Annual	12/31/14 - 12/31/15
Sacramento Metropolitan Air Quality Management District		Board Member	County of Sacramento	Annual	12/31/14 - 12/31/15

STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE
 EXPANDED STATEMENT LIST

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name Susan Peters

Sacramento County Public Facilities Financing Corporation	District 3	Member	County of Sacramento	Annual	12/31/14 - 12/31/15
Sacramento Local Area Formation Commission (LAFCO)	District 3	Member	County of Sacramento	Annual	12/31/14 - 12/31/15
Sacramento Public Library Authority Governing Board	District 3	Member	County of Sacramento	Annual	12/31/14 - 12/31/15
Sacramento Regional Arts Facilities Financing Authority	District 3	Member	County of Sacramento	Annual	12/31/14 - 12/31/15
Sacramento Area Sewer District (SASD)		Seat – 0000003	County of Sacramento	Annual	12/31/14 - 12/31/15
Sacramento Transportation Authority - Sacramento Abandoned Vehicle Service Authority		BOS D3 - Seat 5	County of Sacramento	Annual	01/12/15 - 12/31/15
National Association of Counties	District 3	Member	Other Multiple Counties Nationwide	Annual	12/31/14 - 12/31/15

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name
Susan Peters

▶ NAME OF BUSINESS ENTITY
ADT Corp (ADT)

GENERAL DESCRIPTION OF THIS BUSINESS
Security Systems

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
 _____ / _____ / 15 _____ / 07 / 18 / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Apple Inc. (AAPL)

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

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
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Bristol Myers Squibb (BMY)

GENERAL DESCRIPTION OF THIS BUSINESS
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
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Cardinal Health (CAH)

GENERAL DESCRIPTION OF THIS BUSINESS
Healthcare 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
 _____ / 03 / 02 / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Conagra Food (CAG)

GENERAL DESCRIPTION OF THIS BUSINESS
Food 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
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Costco Wholesale Corp. (COST)

GENERAL DESCRIPTION OF THIS BUSINESS
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
 _____ / _____ / 15 _____ / _____ / 15
 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.

Name

Susan Peters

▶ NAME OF BUSINESS ENTITY
EQT Corp (EQT)

GENERAL DESCRIPTION OF THIS BUSINESS
Natural Gas Distribution

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
____/____/15 ____/____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Ford Motor Company

GENERAL DESCRIPTION OF THIS BUSINESS
Automobiles

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
____/____/15 ____/____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
International Paper (IP)

GENERAL DESCRIPTION OF THIS BUSINESS
Paper Products

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
____/____/15 ____/____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Johnson Controls (JCI)

GENERAL DESCRIPTION OF THIS BUSINESS
Industrial Systems

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
03 / 02 / 15 ____/____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Marriott Int'l. (MAR)

GENERAL DESCRIPTION OF THIS BUSINESS
Hotel 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
____/____/15 ____/____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Lowes Companies (LOW)

GENERAL DESCRIPTION OF THIS BUSINESS
Home Repair Retail Stores

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
03 / 02 / 15 ____/____/15
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.

Name

Susan Peters

▶ NAME OF BUSINESS ENTITY
McDonald's Corp. (MCD)

GENERAL DESCRIPTION OF THIS BUSINESS
Fast Food

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
____/____/15 ____/____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Merck & Co. (MRK)

GENERAL DESCRIPTION OF THIS BUSINESS
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
____/____/15 ____/____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Oracle (ORCL)

GENERAL DESCRIPTION OF THIS BUSINESS
Technology 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
03 / 02 / 15 ____/____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Pepsico Inc. (PEP)

GENERAL DESCRIPTION OF THIS BUSINESS
Beverage 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
____/____/15 ____/____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Twenty First Century Fox (FOX)

GENERAL DESCRIPTION OF THIS BUSINESS
Entertainment 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
____/____/15 ____/____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
US Bancorp (USB)

GENERAL DESCRIPTION OF THIS BUSINESS
Banking

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
____/____/15 ____/____/15
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.

Name
Susan Peters

▶ NAME OF BUSINESS ENTITY
Sarepta Therapeutics (SRPT)

GENERAL DESCRIPTION OF THIS BUSINESS
BioTech 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
07 / 22 / 15 _____ / ____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Sealed Air Corp. (SEE)

GENERAL DESCRIPTION OF THIS BUSINESS
Product Shipping 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
07 / 22 / 15 _____ / ____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Swift Transportation (SWFT)

GENERAL DESCRIPTION OF THIS BUSINESS
Trucking 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
07 / 22 / 15 _____ / ____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
XCEL Energy (XEL)

GENERAL DESCRIPTION OF THIS BUSINESS
Electric Utility

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
 _____ / ____ / 15 _____ / ____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Ryder System Inc (R)

GENERAL DESCRIPTION OF THIS BUSINESS
Transportation 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
06 / 13 / 15 _____ / ____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Axovant Sciences (AXON)

GENERAL DESCRIPTION OF THIS BUSINESS
Bio Tech 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
07 / 22 / 15 _____ / ____ / 15
 ACQUIRED DISPOSED

Comments: Acquired additional shares of Ryder System Inc. from previously disclosed in 2014

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

▶ 1. BUSINESS ENTITY OR TRUST

McCuen Mather Partners II
Name
3640 American River Dr #150 Sacramento, CA
Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS
Land

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE	
<input type="checkbox"/> \$0 - \$1,999	___/___/15	___/___/15
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input checked="" type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION Limited Partner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None or Names listed below

▶ 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	IF APPLICABLE, LIST DATE	
<input type="checkbox"/> \$2,000 - \$10,000	___/___/15	___/___/15
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

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

Plaza del Paso Partners LP
Name
3640 American River Dr #150 Sacramento, CA
Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS
Office Building Limited Partnership

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE	
<input type="checkbox"/> \$0 - \$1,999	___/___/15	12/31/15
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input checked="" type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION Limited Partner (sold 12/31/15)

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None or Names listed below

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	IF APPLICABLE, LIST DATE	
<input type="checkbox"/> \$2,000 - \$10,000	___/___/15	___/___/15
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input checked="" type="checkbox"/> Over \$1,000,000		

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: Plaza del Paso Partners LP proceeds distributed 2016

SCHEDULE A-2

Attachment

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Susan Peters

BUSINESS ENTITY OR TRUST : McCuen American River Drive Partners LP

LIST OF REPORTABLE SINGLE SOURCES OF INCOME OF \$10,000 OR MORE
McCuen Properties; Interwest Insurance Services; John O. Bronson Co. Inc.; Matheny Linkert Sears & Long;
William L. Lyon & Associates
Joyfel Mae Binuya Louie (dba River Walker Cafe); Tanner Style LLC

BUSINESS ENTITY OR TRUST : McCuen American River Drive Investors LP

LIST OF REPORTABLE SINGLE SOURCES OF INCOME OF \$10,000 OR MORE
McCuen Properties; Interwest Insurance Services; John O. Bronson Co. Inc.; Matheny Linkert Sears & Long; Joyfel Mae Binuya Louie (dba River Walk Cafe); Tanner Style LLC
William L. Lyon & Associates

SCHEDULE D
Income – Gifts

Name
 Susan Peters

▶ NAME OF SOURCE *(Not an Acronym)*
 California State Association of Counties

ADDRESS *(Business Address Acceptable)*
 1100 K Street, Suite 101, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 County Government Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 14 / 15	\$ 45.00	dinner
01 / 15 / 15	\$ 22.80	lunch
08 / 06 / 15	\$ 22.36	meals

▶ NAME OF SOURCE *(Not an Acronym)*
 Fair Oaks Theater Festival

ADDRESS *(Business Address Acceptable)*
 7991 California Avenue, Fair Oaks, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Community Theater

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 10 / 15	\$ 72.00	4 tickets to play
/ /	\$	
/ /	\$	

▶ 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: _____