

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

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JUL 25 2024

| Please type or print in ink. | City of Fort Bragg |
|--|--|
| NAME OF FILER (LAST) (FIRST) | (MIDDLE) City Clouds |
| Peters Lindy (1 | -inwood) F. |
| 1. Office, Agency, or Court | |
| Agency Name (Do not use acronyms) | 0:1 0 1 |
| City of Fort Bragg Division, Board, Department, District, if applicable | City Council Member |
| Division, Board, Department, District, ir applicable | Your Position |
| If filing for multiple positions list below or on a start and 1/0 and | |
| ▶ If filing for multiple positions, list below or on an attachment. (Do not | use acronyms) |
| Agency: See 6th | Position: |
| 2. Jurisdiction of Office (Check at least one box) | |
| ☐ State | ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner |
| | (Statewide Jurisdiction) |
| Multi-County | Name 1 |
| Scity of Fort Bragg | Other |
| 3. Type of Statement (Check at least one box) | |
| Annual: The period covered is January 1, 2023, through December 31, 2023. | Leaving Office: Date Left//(Check one circle.) |
| The period covered is/, through | |
| December 31, 2023. | of leaving office. |
| Assuming Office: Date assumed/ | The period covered is/, through the date of leaving office. |
| Candidate: Date of Election and office source | ght, if different than Part 1: |
| | |
| Schedule Summary (required) ► Total number Schedules attached | er of pages including this cover page: |
| | |
| Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached | Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached |
| Schedule B - Real Property – schedule attached | Schedule E · Income – Gifts – Travel Payments – schedule attached |
| | V-10 |
| -or- None - No reportable interests on any schedule | |
| 5. Verification | The second state of the se |
| MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document) | STATE ZIP CODE |
| | ort Braga CA 95437 |
| DAYTIME TELEPHONE NUMBER | EMAIL ADDRESS (C) |
| have used all reasonable diligence in propaging this statement. I have re- | downed this statement and to the heat of t |
| herein and in any attached schedules is true and complete. I acknowledge | viewed this statement and to the best of my knowledge the information contained ge this is a public document. |
| I certify under penalty of perjury under the laws of the State of Califo | ornia that the foregoing is true and correct. |
| 7/11/2024 | management in a control |
| Date Signed (month day year) | Signature |

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

| | CALIFORNIA FORM / UU | |
|---|-------------------------------------|--|
| | FAIR POLITICAL PRACTICES COMMISSION | |
| 3 | Name Lindy Peters | |

| Do not attach brokerage | or financial statements. |
|---|--|
| NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| GENERAL DESCRIPTION OF THIS BUSINESS JO 416 N. Franklin St | GENERAL DESCRIPTION OF THIS BUSINESS |
| FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000 | 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 | 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: | Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: |
| ACQUIRED DISPOSED | |
| NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| FAIR MARKET VALUE \$2,000 - \$10,000 \$10,000 Over \$1,000,000 | 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) | 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: | IF APPLICABLE, LIST DATE: |
| //23//23 ACQUIRED DISPOSED | |
| NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000 | 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 | 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: | ☐ Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: |
| / | //23 |

Comments: _

SCHEDULE C Income, Loans, & Business **Positions**

(Other than Gifts and Travel Payments)

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION | |
|---|--------|
| Name Lindy | Peters |

| ▶ 1. INCOME RECEIVED | ▶ 1. INCOME RECEIVED |
|--|---|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| Little River Inn | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| Golf Pro Shop | 3 |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| POSSESSES OF STATE OF | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Employee | |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| | |
| GROSS INCOME RECEIVED No Income - Business Position Only | GROSS INCOME RECEIVED No Income - Business Position Only |
| \$500 - \$1,000 \$1,001 - \$10,000 | \$500 - \$1,000 \$1,001 - \$10,000 |
| | S10,001 - \$100,000 OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED | CONSIDERATION FOR WHICH INCOME WAS RECEIVED |
| Salary Spouse's or registered domestic partner's income | Salary Spouse's or registered domestic partner's income |
| (For self-employed use Schedule A-2.) | (For self-employed use Schedule A-2.) |
| Partnership (Less than 10% ownership. For 10% or greater use | Partnership (Less than 10% ownership. For 10% or greater use |
| Schedule A-2.) | Schedule A-2.) |
| Sale of | Sale of |
| (Real property, car, boat, etc.) | (Real property, car, boat, etc.) |
| Loan repayment | Loan repayment |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, list each source of \$10,000 or more |
| | |
| (Describe) | (Describe) |
| Other | Other |
| (Describe) | (Describe) |
| ▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P | ERIOD |
| * You are not required to report loans from a commercial | lending institution, or any indebtedness created as part of |
| | e lender's regular course of business on terms available |
| | status. Personal loans and loans received not in a lender's |
| regular course of business must be disclosed as follows | S: . |
| NAME OF LENDER* | INTEREST RATE TERM (Months/Years) |
| | TERM (Worlds/ reals) |
| ADDDESS (Dustress Address Association | % None |
| ADDRESS (Business Address Acceptable) | |
| | SECURITY FOR LOAN |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | None Personal residence |
| | Real Property |
| HIGHEST BALANCE DURING REPORTING PERIOD | Street address |
| \$500 - \$1,000 | |
| | / City |
| \$1,001 - \$10,000 | Guarantor |
| \$10,001 - \$100,000 | |
| OVER \$100,000 | Other |
| | (Describe) |
| 0 | |
| Comments: | |