STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER: WILK

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
CITY OF CAPITOLA
Your Position: CANDIDATE FOR CITY TREASURER
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
☒ City of CAPITOLA
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County 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)
☐ The period covered is January 1, 2015, through the date of leaving office.
☐ -or-
☐ The period covered is / / , through the date of leaving office.
☐ Assuming Office: Date assumed / /
☐ Candidate: Election year 2016 and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1
Schedules attached
☐ 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
MAILING ADDRESS
STREET
(Business or Agency Address Recommended - Public Document)
CITY Menlo Park
STATE CA
ZIP CODE 94025
DAYTIME TELEPHONE NUMBER (510) 378-2769
E-MAIL ADDRESS petergwilk@gmail.com
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained 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 8/5/16 (month, day, year) Signature ____________________________

FPPC Form 700 (2015/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov