

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT**

RECEIVED

AUG 08 2022

City of  
Mill Valley

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Maxime Perrey Maxime Valonne Tyler

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms) City of Mill Valley Your Position City Councilmember  
Division, Board, Department, District, if applicable

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

Agency: Marin Wildfire Prevention Authority Position: Alternate  
see attachment

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

- State
- Multi-County \_\_\_\_\_
- City of Mill Valley
- Judge, Retired Judge, Pro Tem 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, 2021, through December 31, 2021.
- or- The period covered is \_\_\_\_\_, through December 31, 2021.
- Assuming Office: Date assumed 06/21/2022
- Leaving Office: Date Left \_\_\_\_\_ (Check one circle.)
- The period covered is January 1, 2021, through the date of leaving office.
- or- The period covered is \_\_\_\_\_, through the date of leaving office.
- Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 5**

**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 CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
161 Martin Ave. Mill Valley, CA 94941

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
(415) 450-0774 mperrey@cityofmillvalley.org

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 Aug 1, 2022  
(month, day, year)

Signature [Signature]  
(File the originally signed paper statement with your filing official.)

**Print Clear**

MCE Board member

|                                     |                |
|-------------------------------------|----------------|
| Transportation Authority of Marin   | Alternate      |
| Sewer Agency of Southern Marin      | Alternate      |
| Southern Marin Paramedic Authority  | Alternate      |
| Marin Wildfire Prevention Authority | Alternate      |
| Association of Bay Area Governments | Representative |

**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)  
*Investments must be itemized.*  
*Do not attach brokerage or financial statements.*

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Maxime V. Perrey

▶ NAME OF BUSINESS ENTITY  
Enphase

GENERAL DESCRIPTION OF THIS BUSINESS  
Energy 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:  
\_\_\_\_/\_\_\_\_/21      \_\_\_\_/\_\_\_\_/21  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Amazon

GENERAL DESCRIPTION OF THIS BUSINESS  
E-commerce 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:  
\_\_\_\_/\_\_\_\_/21      \_\_\_\_/\_\_\_\_/21  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
General Motors

GENERAL DESCRIPTION OF THIS BUSINESS  
Car 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:  
\_\_\_\_/\_\_\_\_/21      \_\_\_\_/\_\_\_\_/21  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Tesla

GENERAL DESCRIPTION OF THIS BUSINESS  
Car 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:  
\_\_\_\_/\_\_\_\_/21      \_\_\_\_/\_\_\_\_/21  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
First Solar

GENERAL DESCRIPTION OF THIS BUSINESS  
Solar Energy 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:  
\_\_\_\_/\_\_\_\_/21      \_\_\_\_/\_\_\_\_/21  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:  
\_\_\_\_/\_\_\_\_/21      \_\_\_\_/\_\_\_\_/21  
ACQUIRED      DISPOSED

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

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
Maxime V. Perrey

| 1. INCOME RECEIVED   | 1. INCOME RECEIVED  |
|--|---|
| NAME OF SOURCE OF INCOME<br><u>Redwood Community Health Coalition</u><br>ADDRESS (Business Address Acceptable)<br><u>1310 Redwood Way, Petaluma, CA 94999</u><br>BUSINESS ACTIVITY, IF ANY, OF SOURCE<br><u>Director of Policy + External Affairs</u><br>YOUR BUSINESS POSITION<br><u>Association of non-profit health clinics</u>   | NAME OF SOURCE OF INCOME<br><u>Sandy Zuber</u><br>ADDRESS (Business Address Acceptable)<br><u>250 Alta Vista, Mill Valley, CA 94941</u><br>BUSINESS ACTIVITY, IF ANY, OF SOURCE<br><u>Petsitting</u><br>YOUR BUSINESS POSITION<br><u>Petsitter</u>  |
| GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only<br><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000<br><input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000  | GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only<br><input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000   |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED<br><input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income<br>(For self-employed use Schedule A-2.)<br><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use<br>Schedule A-2.)<br><input type="checkbox"/> Sale of _____<br>(Real property, car, boat, etc.)<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more<br>_____<br>(Describe)<br><input type="checkbox"/> Other _____<br>(Describe) | CONSIDERATION FOR WHICH INCOME WAS RECEIVED<br><input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income<br>(For self-employed use Schedule A-2.)<br><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use<br>Schedule A-2.)<br><input type="checkbox"/> Sale of _____<br>(Real property, car, boat, etc.)<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more<br>_____<br>(Describe)<br><input type="checkbox"/> Other _____<br>(Describe) |

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, 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*<br>_____<br>ADDRESS (Business Address Acceptable)<br>_____<br>BUSINESS ACTIVITY, IF ANY, OF LENDER<br>_____<br>HIGHEST BALANCE DURING REPORTING PERIOD<br><input type="checkbox"/> \$500 - \$1,000<br><input type="checkbox"/> \$1,001 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000<br><input type="checkbox"/> OVER \$100,000 | INTEREST RATE<br>_____ % <input type="checkbox"/> None<br>SECURITY FOR LOAN<br><input type="checkbox"/> None <input type="checkbox"/> Personal residence<br><input type="checkbox"/> Real Property _____<br>Street address<br>_____<br>City<br><input type="checkbox"/> Guarantor _____<br><input type="checkbox"/> Other _____<br>(Describe) |
|---|---|

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

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
Martin Professional Firefighters Local 1775  
 ADDRESS (Business Address Acceptable)  
P.O. Box 15, Fairfax, CA 94978  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Labor Union

| DATE (mm/dd/yy) | VALUE            | DESCRIPTION OF GIFT(S)   |
|-----------------|------------------|--------------------------|
| <u>3/25/22</u>  | <u>\$ 100.00</u> | <u>Event Ticket Cost</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) |
|-----------------|----------|------------------------|
| ___/___/___     | \$ _____ | _____                  |
| ___/___/___     | \$ _____ | _____                  |
| ___/___/___     | \$ _____ | _____                  |

▶ 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: \_\_\_\_\_