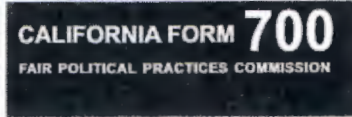


041600128-NFH-0128



STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document

Date Initial Filing Received Filing Official Use Only

E-Filed 02/28/2024 12:09:58 Filing ID: 210717363

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Haskew, Loella

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Walnut Creek Division, Board, Department, District, if applicable Your Position Councilmember Agency: \*SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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

State Multi-County City of Walnut Creek Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of Contra Costa 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 The period covered is January 1, 2023 through the date of leaving office. Assuming Office: Date assumed Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

Total number of pages including this cover page: 4

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 1666 N Main Street Walnut Creek CA 94596 DAYTIME TELEPHONE NUMBER ( 925 ) 930-9972 E-MAIL ADDRESS haskew@walnut-creek.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 02/28/2024 (month, day, year)

Signature Loella Haskew (File the originally signed paper statement with your filing official.)

041600128-NFH-0128

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
Expanded Statement Attachment

<b>CALIFORNIA FORM 700</b>	
FAIR POLITICAL PRACTICES COMMISSION	
Name	Loella Haskew

\* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Div/Board/Dept/District	Position	Type of Statement	San #
City of Walnut Creek		Councilmember	Annual 1/1/2023 - 12/31/2023	
Contra Costa Transportation Authority		Commissioner	Annual 1/1/2023 - 12/31/2023	
County Connection	Board	Alternate	Annual 1/1/2023 - 12/31/2023	
Transpac	Central Contra Costa Transportation/Land Use	Board Member	Annual 1/1/2023 - 12/31/2023	041600128-NFH-0128

041600128-NFH-0128

## 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 \_\_\_\_\_

Haskew, Loella

**▶ 1. BUSINESS ENTITY OR TRUST**

Ralph W. Haskew, CPA

Name  
1910 Olympic Blvd, Ste 345  
Walnut Creek, Ca 94596

Address (Business Address Acceptable)

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

**GENERAL DESCRIPTION OF THIS BUSINESS**

Accounting, Tax & Advisory Services

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/23      ____/____/23
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED      DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION Owned by spouse

**▶ 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

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

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	____/____/23      ____/____/23
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED      DISPOSED
<input 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 \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

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

**▶ 1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

Address (Business Address Acceptable)

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

**GENERAL DESCRIPTION OF THIS BUSINESS**

Accounting, Tax & Advisory Services

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/23      ____/____/23
<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 type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 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

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

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	____/____/23      ____/____/23
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED      DISPOSED
<input 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 \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached



041600128-NFH-0128

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 Name  
 Haskew, Loella

### SCHEDULE D Income – Gifts

<p>▶ NAME OF SOURCE (Not an Acronym)</p> <p><u>Molli Restaurant &amp; Lounge</u></p> <p>ADDRESS (Business Address Acceptable)  <u>1935 Galindo St.</u>  <u>Concord, CA 94520</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE  <u>Restaurant</u></p> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>02 / 17 / 23</u></td> <td><u>\$ 172.00</u></td> <td><u>Dinner</u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>02 / 17 / 23</u>	<u>\$ 172.00</u>	<u>Dinner</u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>	<p>▶ NAME OF SOURCE (Not an Acronym)</p> <p><u>Meyers Nave</u></p> <p>ADDRESS (Business Address Acceptable)  <u>1999 Harrison Street 9th Floor</u>  <u>Oakland, CA 94612</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE  <u>Attorneys</u></p> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>09 / 21 / 23</u></td> <td><u>\$ 338.00</u></td> <td><u>Dinner for 2</u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>09 / 21 / 23</u>	<u>\$ 338.00</u>	<u>Dinner for 2</u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>
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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
<u>09 / 21 / 23</u>	<u>\$ 338.00</u>	<u>Dinner for 2</u>																							
<u>  /  /  </u>	<u>\$</u>	<u> </u>																							
<u>  /  /  </u>	<u>\$</u>	<u> </u>																							
<p>▶ NAME OF SOURCE (Not an Acronym)</p> <p><u>Gray Bowen Scott</u></p> <p>ADDRESS (Business Address Acceptable)  <u>1211 Newell Avenue Ste. 200</u>  <u>Walnut Creek, CA 94596</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE  <u>Transportation Consulting</u></p> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>01 / 26 / 23</u></td> <td><u>\$ 200.00</u></td> <td><u>East Bay Leadership Dinner</u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>01 / 26 / 23</u>	<u>\$ 200.00</u>	<u>East Bay Leadership Dinner</u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>	<p>▶ NAME OF SOURCE (Not an Acronym)</p> <p>ADDRESS (Business Address Acceptable)</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>  /  /  </u>	<u>\$</u>	<u> </u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>
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<u>  /  /  </u>	<u>\$</u>	<u> </u>																							

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

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Filed Date: 02/15/2024 01:08 PM  
SAN: 031300016-STH-0016

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Darling Cynthia C

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of Walnut Creek

Division, Board, Department, District, if applicable Your Position  
City Council Councilmember

► 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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County  County of
- City of Walnut Creek  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.)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through \_\_\_\_/\_\_\_\_/\_\_\_\_.  The period covered is January 1, 2023, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_.  -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 (required)

► Total number of pages including this cover page: 7

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. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
1666 North Main Street Walnut Creek CA 94596  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( ) ccgwdarling@sbcglobal.net

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 02/15/2024 01:08 PM  
(month, day, year)

Signature Cynthia C Darling  
(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Cynthia Darling</u>

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Marin Clean Energy		Board Member	Multi-county Contra Costa, Marin, Napa and Solano	Annual	01/01/23 - 12/31/23

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.

Name

Cynthia Darling

Form section for Apple investment. Includes name, general description (technology), fair market value (\$10,001 - \$100,000), nature of investment (Stock), and acquisition/disposal dates.

Form section for Devon Energy Corp investment. Includes name, general description (Energy exploration and sales), fair market value (\$10,001 - \$100,000), nature of investment (Stock), and acquisition/disposal dates.

Form section for Apple investment. Includes name, general description (Internet/technology), fair market value (\$10,001 - \$100,000), nature of investment (Stock), and acquisition/disposal dates.

Form section for First Republic Bank investment. Includes name, general description (Banking), fair market value (\$2,000 - \$10,000), nature of investment (Stock), and acquisition/disposal dates.

Form section for Costco investment. Includes name, general description (Retail sales), fair market value (\$10,001 - \$100,000), nature of investment (Stock), and acquisition/disposal dates.

Form section for Google/Alphabet investment. Includes name, general description (Internet), fair market value (\$10,001 - \$100,000), nature of investment (Stock), and acquisition/disposal dates.

Comments:

# 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.

Name

Cynthia Darling

▶ NAME OF BUSINESS ENTITY  
Nvidia

GENERAL DESCRIPTION OF THIS BUSINESS  
Chips

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:  
\_\_\_\_/\_\_\_\_/23      \_\_\_\_/\_\_\_\_/23  
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:  
\_\_\_\_/\_\_\_\_/23      \_\_\_\_/\_\_\_\_/23  
ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Pfizer Inc

GENERAL DESCRIPTION OF THIS BUSINESS  
Pharmaceuticals

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:  
\_\_\_\_/\_\_\_\_/23      \_\_\_\_/\_\_\_\_/23  
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:  
\_\_\_\_/\_\_\_\_/23      \_\_\_\_/\_\_\_\_/23  
ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Proctor and Gamble

GENERAL DESCRIPTION OF THIS BUSINESS  
Household goods

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:  
\_\_\_\_/\_\_\_\_/23      \_\_\_\_/\_\_\_\_/23  
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:  
\_\_\_\_/\_\_\_\_/23      \_\_\_\_/\_\_\_\_/23  
ACQUIRED                  DISPOSED

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



# 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

Cynthia Darling

**▶ 1. BUSINESS ENTITY OR TRUST**

Darling H2O Consulting Inc

Name  
1703 Oro Valley Circle Walnut Creek CA 94596

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS  
Energy and Water Innovation Consulting

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/23    ____/____/23
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     S Corp     Other

YOUR BUSINESS POSITION    CFO

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input checked="" type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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

SEE ATTACHED

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

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	____/____/23    ____/____/23
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input 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 \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/23    ____/____/23
<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 type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION \_\_\_\_\_

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

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	____/____/23    ____/____/23
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input 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 \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

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

# SCHEDULE A-2

Attachment

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Cynthia Darling</u>

**BUSINESS ENTITY OR TRUST : Darling H2O Consulting Inc**

LIST OF REPORTABLE SINGLE SOURCES OF INCOME OF \$10,000 OR MORE
Inenergy LLC
Lawrence Livermore National Security LLC
Monterey One Water
Aries Clean Energy LLC
Kennedy Jenks Consultants Inc
City of South San Francisco
California Association of Sanitation Agencies

**SCHEDULE D**  
**Income – Gifts**

Name  
Cynthia Darling

▶ NAME OF SOURCE *(Not an Acronym)*  
Jewish Community Relations Council  
 ADDRESS *(Business Address Acceptable)*  
121 Steuart Street Suite 301 SF CA 94105  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Educate and act on behalf of Jewish community

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 21 / 23</u>	<u>\$ 50</u>	<u>Brunch</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
Meyers Nave  
 ADDRESS *(Business Address Acceptable)*  
1999 Harrison Street Oakland CA 94612  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Legal Practice

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 21 / 23</u>	<u>\$ 100</u>	<u>Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
East Bay Leadership Council  
 ADDRESS *(Business Address Acceptable)*  
1615 Bonanza WC CA 94596  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Economic Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 26 / 23</u>	<u>\$ 200</u>	<u>Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </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)
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </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)
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </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)
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

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

**AMENDMENT**

**COVER PAGE**

Filed Date: 03/07/2024 01:02 PM  
SAN: 031300016-STH-0016

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Darling Cynthia C

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

Agency Name (Do not use acronyms)

City of Walnut Creek

Division, Board, Department, District, if applicable

City Council

Your Position

Councilmember

► 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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of Walnut Creek  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.)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2023.  The period covered is January 1, 2023, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  -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 (required)**

► Total number of pages including this cover page: 6

**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. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
1666 North Main Street Walnut Creek CA 94596  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( ) ccgwdarling@sbcglobal.net

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 03/07/2024 01:02 PM Signature Cynthia C Darling  
(month, day, year) (File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
Name  
Cynthia Darling

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Marin Clean Energy		Board Member	Multi-county Contra Costa, Marin, Napa and Solano	Annual	01/01/23 - 12/31/23



# 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.

▶ NAME OF BUSINESS ENTITY  
Compass Royalty Oil and Gas

GENERAL DESCRIPTION OF THIS BUSINESS  
Energy

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:  
11 / 08 / 23      \_\_\_\_\_ / \_\_\_\_ / 23  
ACQUIRED                          DISPOSED

▶ NAME OF BUSINESS ENTITY  
Duke Energy

GENERAL DESCRIPTION OF THIS BUSINESS  
Energy

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:  
11 / 08 / 23      \_\_\_\_\_ / \_\_\_\_ / 23  
ACQUIRED                          DISPOSED

▶ NAME OF BUSINESS ENTITY  
Enbridge Energy

GENERAL DESCRIPTION OF THIS BUSINESS  
Energy

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:  
11 / 08 / 23      \_\_\_\_\_ / \_\_\_\_ / 23  
ACQUIRED                          DISPOSED

▶ NAME OF BUSINESS ENTITY  
Sacramento Healthcare Investors LP

GENERAL DESCRIPTION OF THIS BUSINESS  
Health care

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:  
11 / 08 / 23      \_\_\_\_\_ / \_\_\_\_ / 23  
ACQUIRED                          DISPOSED

▶ NAME OF BUSINESS ENTITY  
ANM Healthcare Investors LLC

GENERAL DESCRIPTION OF THIS BUSINESS  
Healthcare

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:  
11 / 08 / 23      \_\_\_\_\_ / \_\_\_\_ / 23  
ACQUIRED                          DISPOSED

**Filer's Verification**

Print Name Cynthia Darling

Office, Agency or Court City of Walnut Creek

Statement Type  2023/2024 Annual       Assuming       Leaving  
    \_\_\_\_\_ (yr) Annual       Candidate

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

Date Signed 03/07/2024 01:02 PM  
(month, day, year)

Filer's Signature Cynthia C Darling

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

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

**▶ 1. BUSINESS ENTITY OR TRUST**

Darling Trust  
Name  
3145 E Chandler Blvd Suite 110-642 Phoenix AZ  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

---

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999			
<input type="checkbox"/> \$2,000 - \$10,000		<u>      </u> / <u>      </u> / <u>23</u>	<u>      </u> / <u>      </u> / <u>23</u>
<input type="checkbox"/> \$10,001 - \$100,000		ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 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  
Walgreens  
\_\_\_\_\_  
\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                       REAL PROPERTY

---

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

---

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			
<input type="checkbox"/> \$10,001 - \$100,000		<u>      </u> / <u>      </u> / <u>23</u>	<u>      </u> / <u>      </u> / <u>23</u>
<input type="checkbox"/> \$100,001 - \$1,000,000		ACQUIRED	DISPOSED
<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

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

**Filer's Verification**

Print Name Cynthia Darling  
Office, Agency or Court City of Walnut Creek  
Statement Type     2023/2024 Annual     \_\_\_\_\_ Annual     Assuming     Leaving     Candidate  
(yr)  
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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  
Date Signed 03/07/2024 01:02 PM                      Filer's Signature Cynthia C Darling  
(month, day, year)

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
1985 E Chandler Blvd

CITY  
Chandler AZ

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

IF APPLICABLE, LIST DATE:  
11 / 08 / 23      /      / 23  
ACQUIRED DISPOSED

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  
Walgreens

▶ 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

IF APPLICABLE, LIST DATE:  
\_\_\_\_ / \_\_\_\_ / 23 \_\_\_\_ / \_\_\_\_ / 23  
ACQUIRED DISPOSED

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 a commercial lending institution 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\*  
\_\_\_\_\_

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

**Filer's Verification**

Print Name Cynthia Darling

Office, Agency or Court City of Walnut Creek

Statement Type  2023/2024 Annual  Assuming  Leaving  
 \_\_\_\_\_ Annual  Candidate  
(yr)

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

Date Signed 03/07/2024 01:02 PM  
(month, day, year)

Filer's Signature Cynthia C Darling

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

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME <u>Sacramento Healthcare Investors LP</u></p> <p>ADDRESS <i>(Business Address Acceptable)</i> <u>2540 Camino Diablo Ste 200 Walnut Creek CA</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Healthcare</u></p> <p>YOUR BUSINESS POSITION <u>spouse is co-trustee of trust that owns 3.114% of partn</u></p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only  <input type="checkbox"/> \$500 - \$1,000      <input checked="" type="checkbox"/> \$1,001 - \$10,000  <input type="checkbox"/> \$10,001 - \$100,000      <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED  <input type="checkbox"/> Salary    <input type="checkbox"/> Spouse's or registered domestic partner's income  <small>(For self-employed use Schedule A-2.)</small>  <input checked="" type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  <input type="checkbox"/> Sale of _____  <small>(Real property, car, boat, etc.)</small>  <input type="checkbox"/> Loan repayment  <input type="checkbox"/> Commission or    <input type="checkbox"/> Rental Income, list each source of \$10,000 or more            _____  <small>(Describe)</small>  <input type="checkbox"/> Other _____  <small>(Describe)</small></p>	<p>NAME OF SOURCE OF INCOME <u>ANM Healthcare Investors LLC</u></p> <p>ADDRESS <i>(Business Address Acceptable)</i> <u>2540 Camino Diablo Ste 200 Walnut Creek CA</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Healthcare</u></p> <p>YOUR BUSINESS POSITION <u>spouse is co-trustee of trust that owns 8.04% of LLC</u></p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only  <input type="checkbox"/> \$500 - \$1,000      <input checked="" type="checkbox"/> \$1,001 - \$10,000  <input type="checkbox"/> \$10,001 - \$100,000      <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED  <input type="checkbox"/> Salary    <input type="checkbox"/> Spouse's or registered domestic partner's income  <small>(For self-employed use Schedule A-2.)</small>  <input checked="" type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  <input type="checkbox"/> Sale of _____  <small>(Real property, car, boat, etc.)</small>  <input type="checkbox"/> Loan repayment  <input type="checkbox"/> Commission or    <input type="checkbox"/> Rental Income, list each source of \$10,000 or more            _____  <small>(Describe)</small>  <input type="checkbox"/> Other _____  <small>(Describe)</small></p>

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

▶ 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:

<p>NAME OF LENDER* _____</p> <p>ADDRESS <i>(Business Address Acceptable)</i> _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD  <input type="checkbox"/> \$500 - \$1,000  <input type="checkbox"/> \$1,001 - \$10,000  <input type="checkbox"/> \$10,001 - \$100,000  <input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE _____%    <input type="checkbox"/> None</p> <p>TERM (Months/Years) _____</p> <p>SECURITY FOR LOAN  <input type="checkbox"/> None                    <input type="checkbox"/> Personal residence  <input type="checkbox"/> Real Property _____  <small style="margin-left: 200px;">Street address</small>            _____  <small style="margin-left: 200px;">City</small>  <input type="checkbox"/> Guarantor _____  <input type="checkbox"/> Other _____  <small style="margin-left: 200px;">(Describe)</small></p>
--	--

Filer's Verification

Print Name Cynthia Darling                      Office, Agency or Court City of Walnut Creek

Statement Type     2023/2024 Annual     \_\_\_\_\_ Annual     Assuming     Leaving     Candidate  
(yr)

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

Date Signed 03/07/2024 01:02 PM                      Filer's Signature Cynthia C Darling  
(month, day, year)

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

Date Initial Filing Received  
*Filing Official Use Only*

*City FPPC*  
*3/2/24*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Silva Cindy Lee

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

Agency Name (Do not use acronyms)  
City of Walnut Creek  
Division, Board, Department, District, if applicable  
City Council  
Your Position  
City Council 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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of Walnut Creek  Other \_\_\_\_\_

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

**Annual:** The period covered is January 1, 2023, through December 31, 2023.  
-or- The period covered is \_\_\_\_\_ through December 31, 2023.  
 **Assuming Office:** Date assumed \_\_\_\_\_  
 **Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 **Leaving Office:** Date Left \_\_\_\_\_ (Check one circle.)  
 The period covered is January 1, 2023, through the date of leaving office.  
-or-  
 The period covered is \_\_\_\_\_ through the date of leaving office.

**4. Schedule Summary (required)**

► Total number of pages including this cover page: 7

**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. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
1666 N. Main St. Walnut Creek CA 94596  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 925 ) 708-6401 ceisleysilva@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 3-2-2024  
(month, day, year)

Signature Cindy Silva  
(File the originally signed paper statement with your filing official.)



**Form 700**

**Statement of Economic Interests  
Expanded Statement**

**CINDY LEE SILVA**

Agency: City of Walnut Creek

Position Title: Councilmember

Office Jurisdiction: City of Walnut Creek

Type of Statement: Annual – 1/1/23– 12/31/23

-----

Agency: Central Contra Costa Solid Waste Authority

Position Title: Board Member

Office Jurisdiction: County of Contra Costa

Type of Statement: Annual – 1/1/23– 12/31/23

-----

Agency: East Bay Regional Communications Systems

Position Title: Board Member

Office Jurisdiction: Multi-County – Alameda and Contra Costa

Type of Statement: Annual – 1/1/23– 12/31/23

-----

Agency: California Seismic Safety Committee

Position Title: Commissioner

Office Jurisdiction: State of California

Type of Statement: Annual – 1/1/23– 12/31/23

-----

Agency: Association of Bay Area Governments

Position Title: Board Member

Office Jurisdiction: Other - San Francisco Bay Area

Type of Statement: Annual – 1/1/23– 12/31/23

# 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  
**Cindy Silva**

▶ NAME OF BUSINESS ENTITY  
**Howmet Aerospace**

---

GENERAL DESCRIPTION OF THIS BUSINESS  
**industrial (engineered 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:  
 \_\_\_\_\_/\_\_\_\_\_/23      \_\_\_\_\_/\_\_\_\_\_/23  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**Merck & Co.**

---

GENERAL DESCRIPTION OF THIS BUSINESS  
**pharmaceutical**

---

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:  
 \_\_\_\_\_/\_\_\_\_\_/23      \_\_\_\_\_/\_\_\_\_\_/23  
 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:  
 \_\_\_\_\_/\_\_\_\_\_/23      \_\_\_\_\_/\_\_\_\_\_/23  
 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:  
 \_\_\_\_\_/\_\_\_\_\_/23      \_\_\_\_\_/\_\_\_\_\_/23  
 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:  
 \_\_\_\_\_/\_\_\_\_\_/23      \_\_\_\_\_/\_\_\_\_\_/23  
 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:  
 \_\_\_\_\_/\_\_\_\_\_/23      \_\_\_\_\_/\_\_\_\_\_/23  
 ACQUIRED                      DISPOSED

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

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

Name

Cindy Silva

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Harvest Technical Services

ADDRESS (Business Address Acceptable)  
1575 Treat Blvd. #125, Walnut Creek, CA 94598

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
technical support contracting services

YOUR BUSINESS POSITION  
technical support contractor

GROSS INCOME RECEIVED  No Income - Business Position Only

\$500 - \$1,000  \$1,001 - \$10,000

\$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary  Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

NAME OF SOURCE OF INCOME  
Pacific Gas & Electric

ADDRESS (Business Address Acceptable)  
300 Lakeside Dr., Oakland, CA 94612

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
public utility

YOUR BUSINESS POSITION  
retiree

GROSS INCOME RECEIVED  No Income - Business Position Only

\$500 - \$1,000  \$1,001 - \$10,000

\$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary  Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(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\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000

\$1,001 - \$10,000

\$10,001 - \$100,000

OVER \$100,000

INTEREST RATE \_\_\_\_\_%  None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN

None  Personal residence

Real Property \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
(Describe)

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



**SCHEDULE D**  
**Income – Gifts**

Name  
Cindy Silva

▶ NAME OF SOURCE (Not an Acronym)  
Xiamen GoldenHome Co. Ltd.

ADDRESS (Business Address Acceptable)  
190 Jihe Rd, 361100 Xiamen, China

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Manufacturer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 28 23</u>	<u>25</u>	<u>meal</u>
<u>10 28 23</u>	<u>25</u>	<u>tea set</u>
<u>    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
City of Xiamen

ADDRESS (Business Address Acceptable)  
33 Minzu Rd, 361001 Xiamen, Fujian, China

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
municipal government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 28 23</u>	<u>50</u>	<u>meal</u>
<u>10 28 23</u>	<u>25</u>	<u>small artwork</u>
<u>    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
MEBO Group

ADDRESS (Business Address Acceptable)  
8 Dongdaqiao Rd, Chaoyang District, Beijing, China

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
biotech

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 29 23</u>	<u>50</u>	<u>meal</u>
<u>10 29 23</u>	<u>25</u>	<u>scarf</u>
<u>    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
Beijing Cultural Relics Bureau

ADDRESS (Business Address Acceptable)  
No. 1, Xihuamen, Western District, Beijing, China

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
cultural agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 1 23</u>	<u>50</u>	<u>meal</u>
<u>    </u>	<u>\$</u>	<u>    </u>
<u>    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
Jiangsu Province Friendship Association

ADDRESS (Business Address Acceptable)  
3Q7G+WG4, 210093 Nan Jing Shi, Jiang Su Sheng

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
cultural exchange organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 2 23</u>	<u>50</u>	<u>meal</u>
<u>11 4 23</u>	<u>180</u>	<u>3 nights lodging</u>
<u>    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
Fida

ADDRESS (Business Address Acceptable)  
Jinhua Zhejiang, Chinga

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
pet products manufacturer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 5 23</u>	<u>50</u>	<u>meal</u>
<u>11 5 23</u>	<u>30</u>	<u>product sample</u>
<u>11 5 23</u>	<u>25</u>	<u>tea cup</u>
<u>    </u>	<u>\$</u>	<u>    </u>

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

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
 Meyers Nave

ADDRESS (Business Address Acceptable)  
 555 12th St. #1500, Oakland, CA 94607

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 city attorney firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 21 / 23	\$ 330	2 meals
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 SanDai Restaurant

ADDRESS (Business Address Acceptable)  
 1522 N. Main St.

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 new restaurant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 28 / 23	\$ 300	2 dinners
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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 E

### Income – Gifts

### Travel Payments, Advances, and Reimbursements

Name  
Cindy Silva

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)  
Chinese Peoples Assn for Friendship w/Foreign Ctries

ADDRESS (Business Address Acceptable)  
No 1, Tajichang St

CITY AND STATE  
100740 Beijing, China

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
cultural association affiliated with Chinese govt

DATE(S): 10/27/23 - 11/5/23 AMT: \$ 5,550  
*(if gift)*

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel

Other - Provide Description travel costs for trip to promote economic & cultural relations with China

▶ If Gift, Provide Travel Destination China: Xiamen, Beijing, Shanghai

▶ NAME OF SOURCE (Not an Acronym)  
League of California Cities

ADDRESS (Business Address Acceptable)  
1400 K St.

CITY AND STATE  
Sacramento, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Advocacy for cities and their constituents

DATE(S): 1/1/23 - 12/31/23 AMT: \$ 6,583.64  
*(if gift)*

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel

Other - Provide Description travel, meals and lodging for volunteer services as CA Cities board member

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_\_ - \_\_\_\_\_ AMT: \$ \_\_\_\_\_  
*(if gift)*

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_\_ - \_\_\_\_\_ AMT: \$ \_\_\_\_\_  
*(if gift)*

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

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

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

Date Initial Filing Received  
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**FRANCOIS MATTHEW DAVID**

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

Agency Name (Do not use acronyms)

**CITY OF WALNUT CREEK**

Division, Board, Department, District, if applicable

**CITY COUNCIL**

Your Position

**COUNCILMEMBER**

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

Agency: **CONTRA COSTA SOLID WASTE AUTHORITY**

Position: **BOARD MEMBER**

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

State

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

Multi-County

County of **CONTRA COSTA**

City of **WALNUT CREEK**

Other

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

**Annual:** The period covered is January 1, 2023, through  
December 31, 2023.

-or-

The period covered is \_\_\_\_\_, through  
December 31, 2023.

**Leaving Office:** Date Left \_\_\_\_\_  
(Check one circle.)

The period covered is January 1, 2023, through the date  
of leaving office.

-or-

The period covered is \_\_\_\_\_, through  
the date of leaving office.

**Assuming Office:** Date assumed \_\_\_\_\_

**Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (required)**

► Total number of pages including this cover page: **3**

**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. Verification**

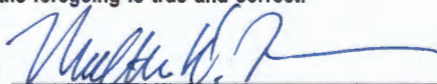
MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
**1666 NORTH MAIN STREET WALNUT CREEK CA 94596**

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
**( 650 ) 798-5669 FRANCOIS@WALNUT-CREEK.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 03/19/24  
(month, day, year)

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



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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
**FRANCOIS**

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <b>RUTAN &amp; TUCKER LLP</b>	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) <b>455 MARKET ST. SUITE 1870 SAN FRANCISCO</b>	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE <b>LAW FIRM</b>	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION <b>PARTNER</b>	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)  <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  <input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i>  <input type="checkbox"/> Loan repayment  <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <i>(Describe)</i>  <input type="checkbox"/> Other _____ <i>(Describe)</i>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)  <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  <input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i>  <input type="checkbox"/> Loan repayment  <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <i>(Describe)</i>  <input type="checkbox"/> Other _____ <i>(Describe)</i>

**▶ 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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input checked="" type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	Street address
_____		_____
HIGHEST BALANCE DURING REPORTING PERIOD		City
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Other _____	(Describe)
<input type="checkbox"/> OVER \$100,000		

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

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE *(Not an Acronym)*  
 AMANDA TOH STECKLER

ADDRESS *(Business Address Acceptable)*  
 1522 N. MAIN ST. WALNUT CREEK

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 RESTAURANT OWNER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 28 23	150	DINNER
/ /	\$	
/ /	\$	
/ /	\$	

▶ 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: \_\_\_\_\_



STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
WILK KEVIN MARSHAL

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
CITY OF WALNUT CREEK

Division, Board, Department, District, if applicable Your Position  
CITY COUNCIL COUNCILMEMBER

► 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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of WALNUT CREEK  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.)
- or-  The period covered is \_\_\_\_\_, through December 31, 2023.  The period covered is January 1, 2023, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_\_ -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 (required)

► Total number of pages including this cover page: 8

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. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
1666 NORTH MAIN STREET WALNUT CREEK CA 94596  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
(925 ) 765-0940 KEVINWILK@HOTMAIL.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 3/19/24  
(month, day, year)

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



**Form 700**

**Statement of Economic Interests  
Expanded Statement**

**KEVIN MARSHAL WILK**

Agency: City of Walnut Creek

Position Title: Councilmember

Office Jurisdiction: City of Walnut Creek

Type of Statement: Annual – 1/1/23 – 12/31/23

-----

Agency: Central Contra Costa Transit Authority

Position Title: Board Member

Office Jurisdiction: County of Contra Costa

Type of Statement: Annual – 1/1/23 – 12/31/23

-----

Agency: Marin Clean Energy

Position Title: Alternate Board Member

Office Jurisdiction: Multi – County – Contra Costa, Marin, Napa and Solano;  
City of Walnut Creek

Type of Statement: Annual – 1/1/23 – 12/31/23

-----

Agency: TRANSPAC

Position Title: Board Member

Office Jurisdiction: County of Contra Costa

Type of Statement: Annual – 1/1/23 – 12/31/23



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  
KEVIN WILK

NAME OF BUSINESS ENTITY  
SALEFORCE, INC  
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  
Partnership Income Received of \$0 - \$499  
Income Received of \$500 or More (Report on Schedule C)  
IF APPLICABLE, LIST DATE:  
/ / 23 ACQUIRED / / 23 DISPOSED

NAME OF BUSINESS ENTITY  
EXPERIAN, INC.  
GENERAL DESCRIPTION OF THIS BUSINESS  
FINANCIAL  
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  
Partnership Income Received of \$0 - \$499  
Income Received of \$500 or More (Report on Schedule C)  
IF APPLICABLE, LIST DATE:  
/ / 23 ACQUIRED / / 23 DISPOSED

NAME OF BUSINESS ENTITY  
NETFLIX, INC.  
GENERAL DESCRIPTION OF THIS BUSINESS  
ENTERTAINMENT  
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  
Partnership Income Received of \$0 - \$499  
Income Received of \$500 or More (Report on Schedule C)  
IF APPLICABLE, LIST DATE:  
/ / 23 ACQUIRED / / 23 DISPOSED

NAME OF BUSINESS ENTITY  
AMAZON, INC.  
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  
Partnership Income Received of \$0 - \$499  
Income Received of \$500 or More (Report on Schedule C)  
IF APPLICABLE, LIST DATE:  
/ / 23 ACQUIRED / / 23 DISPOSED

NAME OF BUSINESS ENTITY  
SLACK, INC.  
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  
Partnership Income Received of \$0 - \$499  
Income Received of \$500 or More (Report on Schedule C)  
IF APPLICABLE, LIST DATE:  
/ / 23 ACQUIRED / / 23 DISPOSED

NAME OF BUSINESS ENTITY  
HOME DEPOT, INC.  
GENERAL DESCRIPTION OF THIS BUSINESS  
RETAIL  
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  
Partnership Income Received of \$0 - \$499  
Income Received of \$500 or More (Report on Schedule C)  
IF APPLICABLE, LIST DATE:  
/ / 23 ACQUIRED / / 23 DISPOSED

Comments:

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
KEVIN WILK

NAME OF BUSINESS ENTITY
PFIZER, INC
GENERAL DESCRIPTION OF THIS BUSINESS
PHARMACEUTICAL
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
NVIDIA, INC.
GENERAL DESCRIPTION OF THIS BUSINESS
TECHNOLOGY
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
WYNDHAM, INC.
GENERAL DESCRIPTION OF THIS BUSINESS
TRAVEL
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
WESTINGHOUSE AIR BRAKE TECH, INC.
GENERAL DESCRIPTION OF THIS BUSINESS
MANUFACTURING
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
CITIGROUP, INC.
GENERAL DESCRIPTION OF THIS BUSINESS
FINANCIAL
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
APPLE, INC.
GENERAL DESCRIPTION OF THIS BUSINESS
TECHNOLOGY
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

Comments:



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  
**KEVIN WILK**

▶ NAME OF BUSINESS ENTITY  
**MICROSOFT, INC**

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:  
 \_\_\_\_\_/\_\_\_\_\_/23    \_\_\_\_\_/\_\_\_\_\_/23  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**GENERAL ELECTRIC, INC.**

GENERAL DESCRIPTION OF THIS BUSINESS  
**MANUFACTURING**

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:  
 \_\_\_\_\_/\_\_\_\_\_/23    \_\_\_\_\_/\_\_\_\_\_/23  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**CISCO, INC.**

GENERAL DESCRIPTION OF THIS BUSINESS  
**ENTERTAINMENT**

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:  
 \_\_\_\_\_/\_\_\_\_\_/23    \_\_\_\_\_/\_\_\_\_\_/23  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**ROCKET PHARMACEUTICAL**

GENERAL DESCRIPTION OF THIS BUSINESS  
**PHARMACEUTICAL**

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:  
 \_\_\_\_\_/\_\_\_\_\_/23    \_\_\_\_\_/\_\_\_\_\_/23  
 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:  
 \_\_\_\_\_/\_\_\_\_\_/23    \_\_\_\_\_/\_\_\_\_\_/23  
 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:  
 \_\_\_\_\_/\_\_\_\_\_/23    \_\_\_\_\_/\_\_\_\_\_/23  
 ACQUIRED                      DISPOSED

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





# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
**KEVIN WILK**

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME <b>JILL WILK CONSULTING</b></p> <p>ADDRESS (Business Address Acceptable) <b>2805 ENCINA CAMINO WALNUT CREEK, CA</b></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <b>HUMAN RESOURCE CONSULTING</b></p> <p>YOUR BUSINESS POSITION <b>SPOUSE</b></p> <p>GROSS INCOME RECEIVED <input checked="" type="checkbox"/> No Income - Business Position Only  <input type="checkbox"/> \$500 - \$1,000      <input type="checkbox"/> \$1,001 - \$10,000  <input type="checkbox"/> \$10,001 - \$100,000      <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED  <input type="checkbox"/> Salary      <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income                      (For self-employed use Schedule A-2.)</p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____                      (Real property, car, boat, etc.)</p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more                      _____                      (Describe)</p> <p><input type="checkbox"/> Other _____                      (Describe)</p>	<p>NAME OF SOURCE OF INCOME <b>WOODLANDS APARTMENTS</b></p> <p>ADDRESS (Business Address Acceptable) <b>APARTMENTS</b></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <b>PARTNER (SPOUSE)</b></p> <p>YOUR BUSINESS POSITION <b>SPOUSE</b></p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only  <input type="checkbox"/> \$500 - \$1,000      <input type="checkbox"/> \$1,001 - \$10,000  <input type="checkbox"/> \$10,001 - \$100,000      <input checked="" type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED  <input type="checkbox"/> Salary      <input type="checkbox"/> Spouse's or registered domestic partner's income                      (For self-employed use Schedule A-2.)</p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____                      (Real property, car, boat, etc.)</p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or <input checked="" type="checkbox"/> Rental Income, list each source of \$10,000 or more  <b>TRUST FOR JILL WILK (SPOUSE)</b>                      _____                      (Describe)</p> <p><input type="checkbox"/> Other _____                      (Describe)</p>

**▶ 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:

<p>NAME OF LENDER*</p> <p>ADDRESS (Business Address Acceptable)</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD  <input type="checkbox"/> \$500 - \$1,000  <input type="checkbox"/> \$1,001 - \$10,000  <input type="checkbox"/> \$10,001 - \$100,000  <input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE      TERM (Months/Years)</p> <p>_____ %      <input type="checkbox"/> None      _____</p> <p>SECURITY FOR LOAN  <input type="checkbox"/> None      <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____                      _____                      Street address                      _____                      City</p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____                      (Describe)</p>
---	---

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

**SCHEDULE D**  
**Income – Gifts**

Name  
**KEVIN WILK**

▶ NAME OF SOURCE *(Not an Acronym)*  
**MEYERS NAVE**

ADDRESS *(Business Address Acceptable)*  
**1999 HARRISON ST, 9TH FLOOR OAKLAND, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**LAW FIRM**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 24 / 23	\$ 100	DINNER
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: \_\_\_\_\_



CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received  
(Use Official Use Only)

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Cassano Ronald M

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of Walnut Creek  
Division, Board, Department, District, if applicable  
Your Position  
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  Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of Walnut Creek  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2023, through December 31, 2023.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2023.  
 Assuming Office: Date assumed \_\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_\_ (Check one circle.)  
 The period covered is January 1, 2023, 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 (required) ► Total number of pages including this cover page: \_\_\_\_\_

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. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
1666 North Main Street Walnut Creek CA 94596  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
(925 ) 944-1238 cassano@walnut-creek.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 01/20/2024 Signature Ronald Cassano  
(month, day, year) (File the originally signed paper statement with your filing official.)

# 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  
Cassano

**▶ 1. BUSINESS ENTITY OR TRUST**

Cassano Family Trust

Name  
580 Club View Terrace, Walnut Creek CA 94598

Address (Business Address Acceptable)

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

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	___/___/23	___/___/23
<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 type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

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

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	___/___/23	___/___/23
<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 type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 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

**▶ 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

**▶ 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

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

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	___/___/23	___/___/23
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input 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 \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

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	___/___/23	___/___/23
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input 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 \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

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



CRASSANO  
SLH A-2 ATTACHED

VALUE

2-10,000      10-100,000

Row	Company Name	2-10,000	10-100,000	Row
1	3M CO	✓		1
2	AT & T INC	✓		2
3	ABBVIE INC		✓	3
4	ADOBE INC	✓		4
5	ALLSTATE CORP	✓		5
6	ALPHABET INC. CLASS A		✓	6
7	AMERICAN EXPRESS CO	✓		7
8	AMGEN INC.		✓	8
9	APPLE INC	✓		9
10	AVALONBAY CMNTYS INC REIT		✓	10
11	BANK AMERICA CORP	✓		11
12	BANK OF NY MELLON CO	✓		12
13	BOSTON PROPERTIES REIT	✓		13
14	BRISTOL-MYERS SQUIBB	✓		14
15	BROADCOM INC		✓	15
16	CHEVRON CORP	✓		16
17	CISCO SYSTEMS INC	✓		17
18	COSTCO WHOLESALE CO	✓		18
19	CVS HEALTH CORP	✓		19
20	DIGITAL REALTY TRUST REIT		✓	20
21	EMERSON ELECTRIC CO	✓		21
22	EXXON MOBIL CORP	✓		22
23	FEDEX CORP	✓		23
24	GOLDMAN SACHS GROUP	✓		24
25	HOME DEPOT INC	✓		25
26	JOHNSON & JOHNSON		✓	26
27	JPMORGAN CHASE & CO	✓		27
28	LAB CO OF AMER HLDG	✓		28
29	MEDTRONIC PLC F	✓		29
30	MICROCHIP TECHNOLOGY	✓		30
31	MICROSOFT CORP		✓	31
32	ORACLE CORP		✓	32
33	PEPSICO INC	✓		33
34	PROCTER & GAMBLE		✓	34
35	PUBLIC STORAGE REIT	✓		35
36	RAYTHEON TECHNOLOGIES CO	✓		36
37	REALTY INCOME CORP REIT	✓		37
38	SHELL PLC F...	✓		38
39	SIMON PPTY GROUP REIT	✓		39
40	SOUTHWEST AIRLINES	✓		40
41	STRYKER CORP	✓		41
42	TARGET CORP	✓		42
43	UNION PACIFIC CORP	✓		43
44	VERIZON COMMUNICATN	✓		44
45	VISA INC CLASS A		✓	45
46	WALT DISNEY CO	✓		46
47	WELLS FARGO & CO	✓		47