CALIFORNIA FORM 700		VER PAGE	Filing Oπicial Use Only	
Please type or print in ink.	A PUBL	IC DOCUMENT	Filed Date: 07/29/2024 12:12 PM SAN: 031300016-STH-0016	
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 appli	cable	Your Position		
		Condidate		
City Council ► If filing for multiple positions, list below of	con an attachment (De net use			
		acionyms)		
Agency: Position:				
2. Jurisdiction of Office (Check at le	ast one box)			
State		Judge, Retired Judg (Statewide Jurisdiction	ge, Pro Tem Judge, or Court Commissioner on)	
Multi-County		County of		
X City of Walnut Creek				
3. Type of Statement (Check at least	one hox)			
	-	Leaving Office: D	Date Left//	
Annual: The period covered is Januar December 31, 2023. -or-	-	-	(Check one circle.)	
The period covered is December 31, 2023.	/, through	 The period cov of leaving office -or- 	vered is January 1, 2023, through the date e.	
Assuming Office: Date assumed]]	The period cover the date of leaver	ered is//, through ving office.	
Candidate: Date of Election 11/0	5/2024 and office sought, if	different than Part 1:		
4. Schedule Summary (required)	► Total number o	f pages including thi	is cover page:8	
Schedules attached				
Schedule A-1 - Investments – sched			ns, & Business Positions – schedule attached	
 Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – schedule attached 				
Schedule B - Real Property – sched			its - Haver Fayments - Schedule attached	
-or- Done - No reportable interes	sts on any schedule			
5. Verification	sto on any conclusio			
MAILING ADDRESS STREET	CITY		STATE ZIP CODE	
(Business or Agency Address Recommended - Public De		_		
1703 Oro Valley Circle DAYTIME TELEPHONE NUMBER	Walnut (CA 94596	
(925) 352-4076		cgwdarling@sbcglot	bal.net	
· · ·			best of my knowledge the information contained	
herein and in any attached schedules is true	e and complete. I acknowledge th	is is a public document.		
I certify under penalty of perjury under the	ne laws of the State of California	that the foregoing is true	e and correct.	
Date Signed 07/29/2024 12:1	2 PM Sim	nature	Cynthia C Darling	
(month, day, year)			ally signed paper statement with your filing official.)	

	SCHED Invest	ULE A-1 ments CALIFORNIA FORM 700			
	(Ownership Interest	nd Other Interests is Less Than 10%)			
		or financial statements.			
► NA	ME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY			
A	NM Healthcare Investors LLC	Costco			
GE	NERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS			
He	ealthcare	Retail sales			
_		FAIR MARKET VALUE			
	\$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000 ¥ \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000			
NA	TURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT Stock Other (Describe)			
×	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (<i>Report on Schedule C</i>)			
IF /	APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
	ACQUIRED DISPOSED	ACQUIRED DISPOSED			
► NA	ME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY			
	pple ENERAL DESCRIPTION OF THIS BUSINESS	Amazon GENERAL DESCRIPTION OF THIS BUSINESS			
te	echnology	Internet sales			
	IR MARKET VALUE \$2,000 - \$10,000 X \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$100,000 \$100,001 - \$1,000,000			
NA	TURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT X Stock Other			
	(Describe) Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More (<i>Report on Schedule C</i>)	(Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)			
IF /	APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
	ACQUIRED DISPOSED	//// ACQUIREDDISPOSED			
► NA	ME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY			
Co	ompass Royalty Oil and Gas	Duke Energy			
GE	NERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS			
Er	nergy	Energy			
	R MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000			
	\$100,001 - \$1,000,000	\$100,001 - \$1,000,000 Strong Over \$1,000,000			
	TURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT Stock Other (Describe)			
	Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More (<i>Report on Schedule C</i>)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (<i>Report on Schedule C</i>)			
IF /	APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
	ACQUIRED DISPOSED	ACQUIRED DISPOSED			

Comments: ____

	EDULE A-1 CALIFORNIA FORM 700
Stocks, Bonds	, and Other Interests Name
	ts must be itemized. Erage or financial statements.
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Enbridge Energy	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Energy	
FAIR MARKET VALUE X \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
(Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule</i> 0)	☐ (Describe) ☐ Partnership ○ Income Received of \$0 - \$499
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Google/Alphabet	Proctor and Gamble GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	
Internet	Household goods
FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$100,000 Over \$1,000,000
NATURE OF INVESTMENT X Stock Other	NATURE OF INVESTMENT X Stock Other
(Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule of \$500 or More (Report on Sch	C) (Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Nvidia	Sacramento Healthcare Investors LP
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Chips	Health care
FAIR MARKET VALUE \$2,000 - \$10,000 \$3,000 \$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$2,000 \$10,000
\$2,000 \$10,000 \$10,000 \$100,001 \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000 \$10,000 \$10,000 \$10,000 \$10,000
NATURE OF INVESTMENT X Stock Other	NATURE OF INVESTMENT
(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule of	(Describe) Partnership O Income Received of \$0 - \$499 (C) Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//// ACQUIREDDISPOSED	
ACQUIRED DISPUSED	ACQUIRED DISPOSED

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

CALIFORNIA FORM 700

Name

Cynthia Darling

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST		
Darling H2O Consulting Inc	Darling Trust		
Name 1703 Oro Valley Circle Walnut Creek CA 94596	Name 3145 E Chandler Blvd Suite 110-642 Phoenix AZ		
Address (Business Address Acceptable)	Address (Business Address Acceptable)		
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Image: Check one Image: Check one Image: Trust, go to 2 Image: Business Entity, complete the box, then go to 2		
GENERAL DESCRIPTION OF THIS BUSINESS Energy and Water Innovation Consulting	GENERAL DESCRIPTION OF THIS BUSINESS		
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000		
NATURE OF INVESTMENT	NATURE OF INVESTMENT		
YOUR BUSINESS POSITION CFO	YOUR BUSINESS POSITION		
2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	 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 X OVER \$100,000 \$1,001 - \$10,000 \$1,001 - \$10,000	 \$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 \$1,001 - \$10,000 \$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.)	3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)		
None or X Names listed below SEE ATTACHED	None or X Names listed below 1/5 interest in Walgreens in Chandler listed under real property		
 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY 	 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, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property		
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property		
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000		
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST		
Leasehold Other	Leasehold Other		
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached		

SCHEDULE A-2

Attachment



BUSINESS ENTITY OR TRUST : Darling H2O Consulting Inc

LIST OF REPORTABLE SINGLE SOURCES OF INCOME OF \$10,000 OR MORE

Monterey One Water

Aries Clean Energy LLC

Kennedy Jenks Consultants Inc

City of South San Francisco

West Biofuels

SCHEDULE B Interests in Real Property

(Including Rental Income)

california form 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Cynthia Darling

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS		
CITY		
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 ////////////////////////////////////		
NATURE OF INTEREST		
Ownership/Deed of Trust		
Leasehold Dther		
IF RENTAL PROPERTY, GROSS INCOME RECEIVED		
\$0 - \$499\$500 - \$1,000\$1,001 - \$10,000		
S10,001 - \$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.		

* 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*	NAME OF LENDER*		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER		
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)		
% None	% None		
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD		
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000		
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000		
Guarantor, if applicable	Guarantor, if applicable		

Comments:

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

FAIR POLITICAL PRACTICES COMMISSION

Name

Cynthia Darling

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED		
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME		
ANM Healthcare Investors LLC	Sacramento Healthcare Investors LP		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
2540 Camino Diablo Ste 200 Walnut Creek CA	2540 Camino Diablo Ste 200 Walnut Creek CA		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Healthcare	Healthcare		
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION		
spouse is co-trustee of trust that owns 8.04% of LLC	spouse is co-trustee of trust that owns 3.114% of partn		
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 ★ \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$10,001 - \$100,000 \$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.)	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.)		
▼ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)			
Sale of	Sale of		
(<i>Real property, car, boat, etc.</i>)	(<i>Real property, car, boat, etc.</i>)		
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more		
(Describe)	(Describe)		
☐ Other	Other		

* 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)	
ADDRESS (Business Address Acceptable)	%	None		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LO	OAN	sidence	
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property _		Street address	
\$500 - \$1,000	-		City	
S1,001 - \$10,000 S10,001 - \$100,000	Guarantor			
OVER \$100,000	Other		Describe)	
Comments:				

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700

Name

Cynthia Darling

► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Jewish Community Relations Council	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
121 Steuart Street Suite 301 SF CA 94105	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Educate and act on behalf of Jewish community	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
<u>09 / 21 / 23</u> <u>\$50</u> Brunch	\$ \$
/\$	/\$
/\$	/\$
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Meyers Nave	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1999 Harrison Street Oakland CA 94612	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal Practice	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
<u>09 / 21 / 23</u> <u>\$100</u> Dinner	/\$
/\$	/\$
/\$	/\$
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
/\$	\$ \$
/\$ /\$	
/\$	\$ \$
Comments:	