

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

Date Initial Filing Received
Filing Official Use Only

FOLSOM CITY CLERK'S DEPT
31 MAR '22 PM 4:01

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF FOLSOM

COUNCIL MEMBER

Division, Board, Department, District, if applicable

Your Position

CITY COUNCIL

► 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 FOLSOM

☐ Other

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

☒ **Annual:** The period covered is January 1, 2021, through
December 31, 2021.

☐ **Leaving Office:** Date Left / /
(Check one circle.)

-or-

The period covered is / / through
December 31, 2021.

☐ The period covered is January 1, 2021, through the date of
leaving office.

-or-

☐ **Assuming Office:** Date assumed / /

☐ The period covered is / / through
the date of leaving office.

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

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

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
(Business or Agency Address Recommended - Public Document)

50 NATOMIA ST

CITY

FOLSOM

STATE

CA

ZIP CODE

95630

DAYTIME TELEPHONE NUMBER

(916) 849 6420

EMAIL ADDRESS

FOLSOMBAHRIU@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

03/31/22
(month/day/year)

Signature

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

Print

Clear

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 _____ |
|---|

| | |
|---|---|
| ▶ 1. BUSINESS ENTITY OR TRUST | |
| Name <u>ATLANTIC CONSULTANTS INC</u> | |
| Address (Business Address Acceptable) <u>112 BUCKEL CT FOLSOM CA</u> | |
| Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2 | |
| GENERAL DESCRIPTION OF THIS BUSINESS | |
| FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | IF APPLICABLE, LIST DATE: ____/____/21 ACQUIRED ____/____/21 DISPOSED |
| NATURE OF INVESTMENT <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> <u>CORP</u> Other _____ | |
| YOUR BUSINESS POSITION <u>PRESIDENT</u> | |

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

| | |
|--|--|
| ▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) | |
| <input checked="" type="checkbox"/> None or <input type="checkbox"/> Names listed below | |

| | |
|---|---|
| ▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST | |
| Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> 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 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | IF APPLICABLE, LIST DATE: ____/____/21 ACQUIRED ____/____/21 DISPOSED |
| NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached | |

| | |
|---|---|
| ▶ 1. BUSINESS ENTITY OR TRUST | |
| Name <u>DAN GOOD EATS BA TUM DANCE PLACE</u> | |
| Address (Business Address Acceptable) <u>1013 RIVER ST #100 FOLSOM CA</u> | |
| Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2 | |
| GENERAL DESCRIPTION OF THIS BUSINESS | |
| FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | IF APPLICABLE, LIST DATE: ____/____/21 ACQUIRED ____/____/21 DISPOSED |
| NATURE OF INVESTMENT <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> <u>CORP</u> 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"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 | <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 |

| | |
|--|--|
| ▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) | |
| <input checked="" type="checkbox"/> None or <input type="checkbox"/> Names listed below | |

| | |
|--|---|
| ▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST | |
| Check one box: <input type="checkbox"/> INVESTMENT <input checked="" type="checkbox"/> REAL PROPERTY | |
| Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property <u>DAN GOOD EATS</u> | |
| Description of Business Activity or City or Other Precise Location of Real Property _____ | |
| FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | IF APPLICABLE, LIST DATE: ____/____/21 ACQUIRED ____/____/21 DISPOSED |
| NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Leasehold <u>34</u> Yrs. remaining <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached | |

Comments: _____

Print

Clear

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

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
| Name _____ |

| 1. INCOME RECEIVED | 1. INCOME RECEIVED |
|---|---|
| NAME OF SOURCE OF INCOME <u>ATLANTIC CONSULTANTS INC</u> | NAME OF SOURCE OF INCOME <u>DAN GOOD FORT & CO</u> |
| ADDRESS (Business Address Acceptable) <u>112 BUNKER CA FOLSOM CA</u> | ADDRESS (Business Address Acceptable) <u>1013 KNEELAND ST FOLSOM CA</u> |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>ENGINEERING CONSULTING</u> | BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>RESTAURANT</u> |
| YOUR BUSINESS POSITION <u>PRESIDENT</u> | YOUR BUSINESS POSITION <u>CFO</u> |
| GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only | 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"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 |
| <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 | <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED | 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 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"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) |
| <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) | <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) |
| <input type="checkbox"/> Loan repayment | <input type="checkbox"/> Loan repayment |
| <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) | <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) |
| <input type="checkbox"/> Other _____ (Describe) | <input type="checkbox"/> 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* | INTEREST RATE | TERM (Months/Years) |
| _____ | _____% <input type="checkbox"/> None | _____ |
| ADDRESS (Business Address Acceptable) | | |
| _____ | | |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | SECURITY FOR LOAN | |
| _____ | <input type="checkbox"/> None <input type="checkbox"/> Personal residence | |
| HIGHEST BALANCE DURING REPORTING PERIOD | <input type="checkbox"/> Real Property _____ Street address | |
| <input type="checkbox"/> \$500 - \$1,000 | _____ City | |
| <input type="checkbox"/> \$1,001 - \$10,000 | <input type="checkbox"/> Guarantor _____ | |
| <input type="checkbox"/> \$10,001 - \$100,000 | <input type="checkbox"/> Other _____ (Describe) | |
| <input type="checkbox"/> OVER \$100,000 | | |

Comments: _____

Print

Clear

Kerri Howell

Form 700 filing for multiple positions.

Agencies Include:

Regional Water Authority
Nancy Marrier
c/o Sacramento Metro Water Authority
5620 Birdcage St, Ste. 180
Citrus Heights, CA 95610

Sacramento Groundwater Authority
Nancy Marrier
(same address as above)

Capital Southeast Connector JPA
Kimerlee Marlan
10640 Mather Boulevard, Suite 120
Mather, CA 95655

April B.A. Quintanilla
Capital Corridor Joint Powers Authority
BART District
300 Lakeside Drive, 23rd Floor, Office 2303
Oakland, CA 94612

Sacramento Regional County Sanitation District (send 2)
Sunny Kenner
10060 Goethe Road
Sacramento, CA 95827

Regional Transit
Tabetha Smith
Clerk of the Board
PO Box 2110
Sacramento, CA 95812

Sacramento Central Groundwater Authority
C/o Ramon Roybal
827 7th Street Room 301
Sacramento, CA 95814

Sacramento-Placerville Transportation Corridor JPA
Jen Thiot – City of Folsom
(does not need an original)