

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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Filed Date: 03/22/2023 08:55 PM
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Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Folsom

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: _____ 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, 2022, through
December 31, 2022.

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

-or-

The period covered is ____/____/_____, through
December 31, 2022.

☐ The period covered is January 1, 2022, 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)

50 Natoma Street

Folsom

CA

95630

DAYTIME TELEPHONE NUMBER

()

EMAIL ADDRESS

saquino@folsom.ca.us

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 03/22/2023 08:55 PM
(month, day, year)

Signature Sarah Aquino
(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 <div>Sarah Aquino</div>

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <div>Back Wines LLC</div>	NAME OF SOURCE OF INCOME <div>Integrated Benefits and Insurance Services, Inc.</div>
ADDRESS (Business Address Acceptable) <div>230 Palladio Parkway, Suite 1201, Folsom CA 95630</div>	ADDRESS (Business Address Acceptable) <div>470 Rodeo Court, Folsom CA 95630</div>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <div>Restaurant</div>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <div>Insurance Sales</div>
YOUR BUSINESS POSITION <div>Support Staff</div>	YOUR BUSINESS POSITION <div>Broker</div>
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	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 checked="" 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 _____ (Real property, car, boat, etc.) <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"/> Other _____ (Describe)	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 _____ (Real property, car, boat, etc.) <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"/> 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)	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
_____		City
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____	(Describe)
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Sarah Aquino

► NAME OF SOURCE (Not an Acronym)

Rob Aragon - Westland Capital Partners

ADDRESS (Business Address Acceptable)

4370 Town Center Blvd. Ste. 100 - El Dorado Hills CA 95762

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Real Estate Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 06 / 22	\$ 400	2 tickets to the Passover Experience Dinner
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

Choose Folsom

ADDRESS (Business Address Acceptable)

200 Wool Street - Folsom, CA 95630

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Business Recruitment and Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 03 / 22	\$ 200	2 tickets to the Folsom Pro Rodeo
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

Dignity Health - Mercy Hospital of Folsom

ADDRESS (Business Address Acceptable)

1650 Creekside Drive - Folsom, CA 95630

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 03 / 22	\$ 75	Dinner @ Scott's Seafood with hospital administrators
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

Ian Cornell

ADDRESS (Business Address Acceptable)

141 Dunstable Way - Folsom, CA 95630

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 28 / 22	\$ 150	2 tickets to the Twin Lakes Food Bank Gala
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► 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: _____