## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT



Please type or print in ink.	Ву	
NAME OF FILER (LAST) (FIRST)	(MIDDLE)	
Yrice Natalee	Hmber	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)  City of Citys Leights  Division, Board, Department, District, if applicable	Your Position	
District 5 City Council member  If filing for multiple positions, list below or on an attachment. (Do not use acrohyms)		
I filling for multiple positions, list below of on an attachment. (Do not use a	contynis)	
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	
Xcity of Citrus Heights	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.)	
The period covered is/, through December 31, 2021.	☐ The period covered is January 1, 2021, through the date of leaving office.	
Assuming Office: Date assumed/	☐ The period covered is/, through the date of leaving office.	
Candidate: Date of Election Nov8, 2022 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		
Defication A-2 - invostments - seriodate attached	ichedule D - Income - Giffs - schedule attached	
Schedule B - Real Property – schedule attached	chedule 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)	cramento CA 95842	
DAYTIME TELEPHONE NUMBER	MAIL ADDRESS	
Matalee Price For City Counci @ gmail		
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 August 8, 2022 Sign	nature Manuary (1885)	
(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

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Sapore di Toscana DBA Taste of	
Name 1 7753 Roseville Re suite A 9584	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
RESTOUTANT BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:
NATURE OF INVESTMENT Partnership Sole Proprietorship S.COP Other  YOUR BUSINESS POSITION OWNER OPERATOR	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION OWNER/OPERATOR	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499	\$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	► 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, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000   J_1 / 21   J_2   J_2	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000   ACQUIRED   DISPOSED   Over \$1,000,000   NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other Other Check box if additional schedules reporting investments or real property	Leasehold Other Other Other
are attached	are attached