

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms) CITY OF ELK GROVE
Division, Board, Department, District, if applicable PLANNING COMMISSION
Your Position PLANNING COMMISSIONER

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 ELK GROVE 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.)
- Assuming Office: Date assumed The period covered is January 1, 2023, through the date of leaving office.
- Candidate: Date of Election and office sought, if different than Part 1: The period covered is through the date of leaving office.

4. Schedule Summary (required)

Total number of pages including this cover page: 2

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)
8401 LAGUNA PALMS WAY, ELK GROVE, CA 95758
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(916) 691 2489 SSINGHA@ELKGROVE.CITY.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 1/23/24 (month, day, year)

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

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
SINGHA, SUMAN

▶ NAME OF BUSINESS ENTITY
CARNIVAL CRUISE LINES
 GENERAL DESCRIPTION OF THIS BUSINESS
CRUISING
 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:
3 / 17 / 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

▶ 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: _____