

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

Filed Date: 02/21/2022 08:06 AM  
SAN: 031300023-STH-0023

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Price Susan A

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City Officials - City Council

Division, Board, Department, District, if applicable

Your Position

Councilmember - 3rd District

► 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
- Multi-County \_\_\_\_\_
- City of Long Beach
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- 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.)
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2021.
- Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- The period covered is January 1, 2021, through the date of leaving office.
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 5**

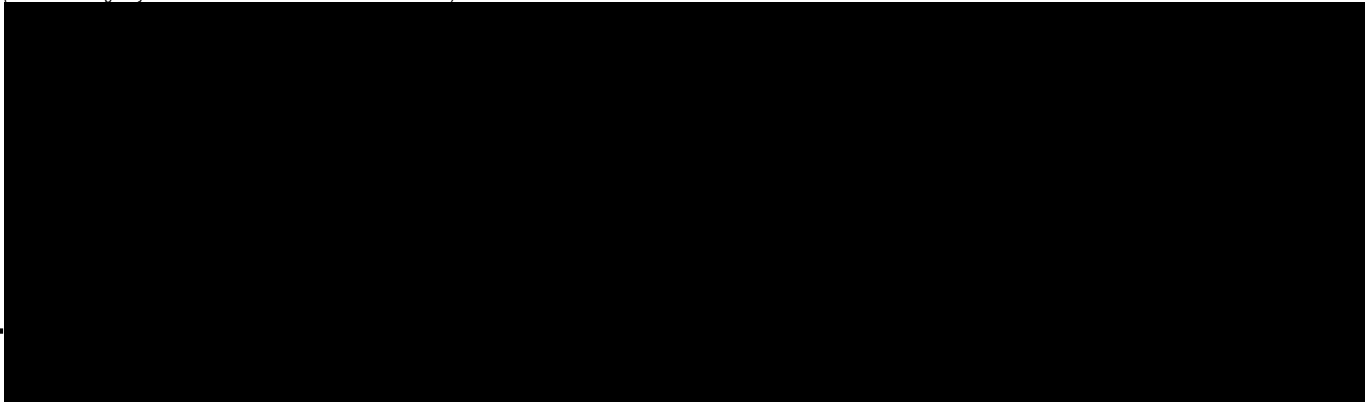
**Schedules attached**

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – 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)



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  
Susan Price

NAME OF BUSINESS ENTITY  
Beauty Health  
GENERAL DESCRIPTION OF THIS BUSINESS  
Skin Care  
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:  
\_\_\_\_\_/\_\_\_\_\_/21 ACQUIRED \_\_\_\_\_/\_\_\_\_\_/21 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:  
\_\_\_\_\_/\_\_\_\_\_/21 ACQUIRED \_\_\_\_\_/\_\_\_\_\_/21 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:  
\_\_\_\_\_/\_\_\_\_\_/21 ACQUIRED \_\_\_\_\_/\_\_\_\_\_/21 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:  
\_\_\_\_\_/\_\_\_\_\_/21 ACQUIRED \_\_\_\_\_/\_\_\_\_\_/21 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:  
\_\_\_\_\_/\_\_\_\_\_/21 ACQUIRED \_\_\_\_\_/\_\_\_\_\_/21 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:  
\_\_\_\_\_/\_\_\_\_\_/21 ACQUIRED \_\_\_\_\_/\_\_\_\_\_/21 DISPOSED

Comments: \_\_\_\_\_

# 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

Susan Price

**▶ 1. BUSINESS ENTITY OR TRUST**

Jacob Tucker, Inc.

Name

4805 E. 2nd Street

Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Eye Lash Extension Business

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;"> <input type="checkbox"/> ___/___/21    <input type="checkbox"/> ___/___/21          ACQUIRED                  DISPOSED       </p>
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NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     C Corporation  
 Other

YOUR BUSINESS POSITION part owner

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

<input checked="" type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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

**▶ 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, or Assessor's Parcel Number or Street Address of Real Property

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Description of Business Activity or City or Other Precise Location of Real Property

<p>FAIR MARKET VALUE</p> <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	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;"> <input type="checkbox"/> ___/___/21    <input type="checkbox"/> ___/___/21          ACQUIRED                  DISPOSED       </p>
--	--

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$0 - \$1,999 <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	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;"> <input type="checkbox"/> ___/___/21    <input type="checkbox"/> ___/___/21          ACQUIRED                  DISPOSED       </p>
--	--

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_  
 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"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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

**▶ 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, or Assessor's Parcel Number or Street Address of Real Property

---

Description of Business Activity or City or Other Precise Location of Real Property

<p>FAIR MARKET VALUE</p> <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	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;"> <input type="checkbox"/> ___/___/21    <input type="checkbox"/> ___/___/21          ACQUIRED                  DISPOSED       </p>
--	--

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
**Susan Price**

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
**6328 N. Marina Pacifica Dr.**

CITY  
**Long Beach, CA 90803**

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 \$10,001 - \$100,000      ACQUIRED      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$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.  
 None  
**Minoo Maasoumi (mother)**

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/21      \_\_\_\_\_/\_\_\_\_\_/21  
 \$10,001 - \$100,000      ACQUIRED      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$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.  
 None

\* 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\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE      TERM (Months/Years)  
 \_\_\_\_\_%       None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE      TERM (Months/Years)  
 \_\_\_\_\_%       None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

Comments: \_\_\_\_\_

