

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

Date Initial Filing Received  
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Filed Date: 01/12/2026 01:47 PM  
SAN: FPPC

Please type or print in ink.

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

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

Agency Name (Do not use acronyms)

City of Lincoln

Division, Board, Department, District, if applicable

Your Position

Planning Commissioner

► 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 (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☒ City of Lincoln

☐ Other \_\_\_\_\_

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

☒ **Annual:** The period covered is January 1, 2025, through December 31, 2025.

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

-or-

The period covered is 01 / 14 / 2025, through December 31, 2025.

☐ The period covered is January 1, 2025, 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: 7

**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

☐ **Attachment 700-P - Prospective Employment (87200 Filers Only)** – 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)

600 6th St

Lincoln

CA

95648-1825

DAYTIME TELEPHONE NUMBER

( 916 ) 434-2493

EMAIL ADDRESS

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 01/12/2026 01:47 PM  
(month, day, year)

Signature Tony Manning  
(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

Tony Manning

NAME OF BUSINESS ENTITY  
Catalyst OrthoScience

GENERAL DESCRIPTION OF THIS BUSINESS  
Medical Supply Company

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:  
 \_\_\_\_/\_\_\_\_/25      \_\_\_\_/\_\_\_\_/25  
 ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY  
Johnson & Johnson

GENERAL DESCRIPTION OF THIS BUSINESS  
Healthcare Products Company

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:  
 \_\_\_\_/\_\_\_\_/25      \_\_\_\_/\_\_\_\_/25  
 ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY  
Zimmer Biomet

GENERAL DESCRIPTION OF THIS BUSINESS  
Medical Supply Company

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:  
 \_\_\_\_/\_\_\_\_/25      \_\_\_\_/\_\_\_\_/25  
 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:  
 \_\_\_\_/\_\_\_\_/25      \_\_\_\_/\_\_\_\_/25  
 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:  
 \_\_\_\_/\_\_\_\_/25      \_\_\_\_/\_\_\_\_/25  
 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:  
 \_\_\_\_/\_\_\_\_/25      \_\_\_\_/\_\_\_\_/25  
 ACQUIRED      DISPOSED

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

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

|                                                                   |
|-------------------------------------------------------------------|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION |
| Name<br><br>Tony Manning                                          |

► 1. BUSINESS ENTITY OR TRUST

OrthoSport Surgical Inc.

Name

110 Pacific Street Roseville CA 95678

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Medical Supply Sales Company

FAIR MARKET VALUE

- ☐ \$0 - \$1,999  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/25  
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☒ Corporation  
Other

YOUR BUSINESS POSITION President

► 1. BUSINESS ENTITY OR TRUST

OrthoSport Surgical Management Inc.

Name

110 Pacific Street Roseville CA 95678

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Medical Supply Company

FAIR MARKET VALUE

- ☐ \$0 - \$1,999  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/25  
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☒ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION CEO

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

- ☐ \$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

SEE ATTACHED

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

- ☐ \$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

SEE ATTACHED

► 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

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/25  
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold \_\_\_\_\_  
Yrs. remaining ☐ Other \_\_\_\_\_

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

► 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

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/25  
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold \_\_\_\_\_  
Yrs. remaining ☐ Other \_\_\_\_\_

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

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

**SCHEDULE A-2**

Attachment

|                                     |            |
|-------------------------------------|------------|
| <b>CALIFORNIA FORM</b>              | <b>700</b> |
| FAIR POLITICAL PRACTICES COMMISSION |            |
| Name                                |            |
| Tony Manning                        |            |

**BUSINESS ENTITY OR TRUST : OrthoSport Surgical Inc.**

| LIST OF REPORTABLE SINGLE SOURCES OF INCOME OF \$10,000 OR MORE |
|-----------------------------------------------------------------|
| Smith & Nephew                                                  |
| RTI Surgical                                                    |
| Miach Orthopedics                                               |

**BUSINESS ENTITY OR TRUST : OrthoSport Surgical Management Inc.**

| LIST OF REPORTABLE SINGLE SOURCES OF INCOME OF \$10,000 OR MORE |
|-----------------------------------------------------------------|
| Smith & Nephew                                                  |
| RTI Surgical                                                    |
| Miach Orthopedics                                               |

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

Name

Tony Manning

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

3564 Paseo Tranquilo

CITY

Lincoln

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/25      \_\_\_\_/\_\_\_\_/25  
ACQUIRED      DISPOSED

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

110 Pacific Street

CITY

Roseville

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/25      \_\_\_\_/\_\_\_\_/25  
ACQUIRED      DISPOSED

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

SEE ATTACHED

\* 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: \_\_\_\_\_

SCHEDULE B

Attachment

|                                     |              |
|-------------------------------------|--------------|
| CALIFORNIA FORM 700                 |              |
| FAIR POLITICAL PRACTICES COMMISSION |              |
| Name                                | Tony Manning |

ASSESSOR PARCEL NUMBER OR STREET ADDRESS : 110 Pacific Street

| LIST OF SOURCES OF RENTAL INCOME OF \$10,000 OR MORE |  |
|------------------------------------------------------|--|
| OrthoSport Surgical Management                       |  |
| Legacy Orthopedics                                   |  |

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

|                                                                   |
|-------------------------------------------------------------------|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION |
| Name<br><div>Tony Manning</div>                                   |

| ▶ 1. INCOME RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ▶ 1. INCOME RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF SOURCE OF INCOME<br><div>OrthoSport Surgical</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NAME OF SOURCE OF INCOME<br><div>OrthoSport Surgical Management</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ADDRESS (Business Address Acceptable)<br><div>110 Pacific Street Roseville CA 95678</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ADDRESS (Business Address Acceptable)<br><div>110 Pacific Street Roseville CA 95678</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE<br><div>Medical Supply</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | BUSINESS ACTIVITY, IF ANY, OF SOURCE<br><div>Medical Supply</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| YOUR BUSINESS POSITION<br><div>CEO</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | YOUR BUSINESS POSITION<br><div>CEO</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only<br><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000<br><input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000                                                                                                                                                                                                                                                                                                                                                                        | GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only<br><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000                                                                                                                                                                                                                                                                                                                                                                        |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED<br><input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income<br>(For self-employed use Schedule A-2.)<br><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use<br>Schedule A-2.)<br><input type="checkbox"/> Sale of _____<br>(Real property, car, boat, etc.)<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more<br>_____<br>(Describe)<br><input type="checkbox"/> Other _____<br>(Describe) | CONSIDERATION FOR WHICH INCOME WAS RECEIVED<br><input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income<br>(For self-employed use Schedule A-2.)<br><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use<br>Schedule A-2.)<br><input type="checkbox"/> Sale of _____<br>(Real property, car, boat, etc.)<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more<br>_____<br>(Describe)<br><input type="checkbox"/> Other _____<br>(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: \_\_\_\_\_