

COVER PAGE

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A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Jedlowski-Hord Julie

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Elk Grove

Division, Board, Department, District, if applicable

City Clerk's Office

Your Position

Deputy City Clerk/Records Manager

► 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 Elk Grove

Other _____

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

Annual: The period covered is January 1, 2019, through
 December 31, 2019.

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

-or-

The period covered is ____/____/_____, through
 December 31, 2019.

The period covered is January 1, 2019, 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 (must complete) ► Total number of pages including this cover page: 1

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) 478.3635 jhord@elkgrovecity.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 02/04/2020
 (month, day year)

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