

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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NAME OF FILER (LAST)	(FIRST)		HUMAMPRESOURCES
Lepper	Alex	± J	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			Jac. Com Alama de la
City of Elk Grove			CITY CLERK'S OFFICE
Division, Board, Department, District, if a	applicable	Your Position	APR 14 2020 PM12:09
Public Works		Landscape Maintenan	ce Supervisor
► If filing for multiple positions, list belo	w or on an attachment. (Do not us	se acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check a	at least one box)		
State	ic loads one boxy	Judge, Retired Judge, Pro T (Statewide Jurisdiction)	em Judge, or Court Commissioner
Multi-County		County of	
☑ City of			
∑ City of			
3. Type of Statement (Check at le	ast one box)		
Annual: The period covered is Jan December 31, 2019.	nuary 1, 2019, through		ck one circle.)
December 31, 2019.	, through	The period covered is a leaving office.-or-	lanuary 1, 2019, through the date of
★ Assuming Office: Date assumed	03 , 30 , 2020		, through
Candidate: Date of Election	and office sough	t, if different than Part 1:	
4. Schedule Summary (must c	omnlete) > Total number	of pages including this cover	r nage
Schedules attached	ompletely Protaination	or pages moraling and core	, pagai
Schedule A-1 - Investments - s	chedule attached	Schedule C - Income, Loans, & Bu	siness Positions – schedule attached
Schedule A-2 - Investments – s	chedule attached	Schedule D - Income - Gifts - sch	
Schedule B - Real Property – s	chedule attached	Schedule E - Income – Gifts – Tra	vel Payments – schedule attached
-or- ⊠ None - No reportable int	erests on any schedule		*
5. Verification	orodia on any concara		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Pul			
8401 Laguna Palms Way, Elk	Grove, CA 957	EMAIL ADDRESS	
(916)687-3038		alepper@elkgrovecity.org	
,	proparing this statement. I have revi-		my knowledge the information contained
herein and in any attached schedules is	s true and complete. I acknowledge	this is a public document.	
I certify under penalty of perjury und	er the laws of the State of Califor	rnia that the foregoing is true and c	orrect.
Date Sizzal 11 /2 /22	20	Signature Alox	Mex
Date Signed 4/3/20	ari	Signature (File the originally signed o	oper statement with your filing official.)