

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

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1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF ELK GROVE

Division, Board, Department, District, if applicable

ANIMAL SERVICES

Your Position

CUSTOMER SERVICE SUPERVISOR

▶ 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 **ELK GROVE**
- 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, 2020, through December 31, 2020.
- or-
- The period covered is _____, through December 31, 2020.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one circle.)
- The period covered is January 1, 2020, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete)

▶ Total number of pages including this cover page: 1

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

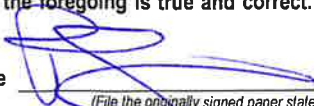
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
9150 UNION PARK WAY ELK GROVE CA 95624

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(916) 687-3042 RFIELDS@ELKGROVEPD.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 **02/09/21**
(month, day, year)

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