

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAME OF FILER (LAST)	(FIRST)		(MIDDLE)		
HUMLIE	SARAH		ELIZABI	ETH	
1. Office, Agency, or Court					
Agency Name (Do not use acronym	s)				
CITY OF ELK GROVE					
Division, Board, Department, District, if applicable		Your Position			
POLICE DEPARTMENT- ANIMAL SERVICES		ANIMAL SERVICES 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			
X City of ELK GROVE, CA		Other			
3. Type of Statement (Check a	t least one box)				
Annual: The period covered is December 31, 2020.	January 1, 2020, through	Leaving Office:	Date Left (Check one		
The period covered is December 31, 2020.	/, through	leaving office		y 1, 2020, through the date of	
Assuming Office: Date assume		The period covered is/, through the date of leaving office.			
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, Lo	Schedule C - Income, Loans, & Business Positions - schedule attached		
Schedule A-2 - Investments	Schedule D - Income - 0	edule D - Income - Gifts - schedule attached			
Schedule B - Real Property	Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached				
- <b>or-</b> ⊠ <b>None</b> - No reportable interests on any schedule					
5. Verification	•				
MAILING ADDRESS STREET (Business or Agency Address Recommended -	Public Document)		STATE	ZIP CODE	
8401 LAGUNA PALMS WA	·	GROVE	CA	95758	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
(916 ) 687-3042					
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 January 12, 202	1	Signature	$\Delta A$	Q'	
(month, day			inally signed paper state	ement with your filing official.)	