

**COVER PAGE**

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**MAR 16 2020 AM 08:40**

**A PUBLIC DOCUMENT**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**Alves Jennifer A.**

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

Agency Name (Do not use acronyms) **City of Elk Grove** Assistant City Attorney  
Division, Board, Department, District, if applicable Your Position

▶ 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, 2019, through December 31, 2019.
  - Leaving Office:** Date Left \_\_\_\_\_ (Check one circle.)
  - Assuming Office:** Date assumed \_\_\_\_\_
  - Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- or-* The period covered is \_\_\_\_\_, through December 31, 2019.
- or-* The period covered is January 1, 2019, 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: 2**

**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)*  
**8401 Laguna Palms Way Elk Grove CA 95758**

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
**( 916 ) 683-7111 jalves@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 3/13/20 Signature Jennifer Alves  
*(month, day, year)* *(File the originally signed paper statement with your filing official.)*

**SCHEDULE D**  
**Income – Gifts**

Name  
Alves, Jennifer

▶ NAME OF SOURCE *(Not an Acronym)*  
Chartered Financial Analyst Society of Sacramento  
 ADDRESS *(Business Address Acceptable)*  
915 L Street #C252, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 12 / 19</u>	<u>\$ 121.29</u>	<u>Dinner event</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
 ADDRESS *(Business Address Acceptable)*  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
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Comments: \_\_\_\_\_