

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
BROWN RACHAEL E

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

CITY OF ELK GROVE

Division, Board, Department, District, if applicable

ECONOMIC DEVELOPMENT

Your Position

ECONOMIC DEVELOPMENT 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.
- Assuming Office:** Date assumed ____/____/____. **-or-** 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, 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) 478-3690 RBROWN@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 03/27/2020
(month, day, year)

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