

COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Long Cecilia A

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Elk Grove

Division, Board, Department, District, if applicable Your Position

Public Works Department

Administrative Analyst II

► 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: _____

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) 627-3334 CLong@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 1/27/2020
 (month, day, year)

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