

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

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

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

Agency Name (Do not use acronyms)  
City of Elk Grove

Division, Board, Department, District, if applicable  
City Attorney's Office

Your Position  
Assistant City Attorney

► 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)**

- |   |  |
|---|--|
| <input type="checkbox"/> State                        | <input type="checkbox"/> Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____           | <input type="checkbox"/> County of _____   |
| <input checked="" type="checkbox"/> City of Elk Grove | <input type="checkbox"/> Other _____   |

**3. Type of Statement (Check at least one box)**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> <b>Annual:</b> The period covered is January 1, 2020, through December 31, 2020. | <input type="checkbox"/> <b>Leaving Office:</b> Date Left ____/____/____<br>(Check one circle.)            |
| -or-<br>The period covered is ____/____/____, through December 31, 2020.   | <input type="checkbox"/> The period covered is January 1, 2020, through the date of leaving office.        |
| <input type="checkbox"/> <b>Assuming Office:</b> Date assumed ____/____/____   | -or-<br><input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> <b>Candidate:</b> 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**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Schedule A-1 - Investments</b> – schedule attached | <input type="checkbox"/> <b>Schedule C - Income, Loans, &amp; Business Positions</b> – schedule attached |
| <input type="checkbox"/> <b>Schedule A-2 - Investments</b> – schedule attached | <input type="checkbox"/> <b>Schedule D - Income – Gifts</b> – schedule attached                          |
| <input type="checkbox"/> <b>Schedule B - Real Property</b> – schedule attached | <input type="checkbox"/> <b>Schedule E - Income – Gifts – Travel Payments</b> – schedule attached        |

-or-  **None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
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 3/2/2021  
(month, day, year)

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

**Print**

**Clear**