

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

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Bontrager	Sarah	E

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

City of Elk Grove

Division, Board, Department, District, if applicable

Development Services

Your Position

Housing and Public 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)*

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

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

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

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

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

5. Verification

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
8401 Laguna Palms Way	Elk Grove	CA	95758	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(916) 627-3209	sbontrager@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 02/23/2021
(month, day, year)

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