CALIFORNIA FORM 70 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS _ Date Initial Filing Received Filing Official Use Only **COVER PAGE**

A PUBLIC DOCUMENT

CITY CLERK'S OFFICE JAN 19 2022 PM01:45

Please type or print in ink.		ALTO TAXE LUATED	
NAME OF FILER (LAST) (FIRST)		(MIDDLE)	
French	Robert	Andrew	
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		Operations Supervisor	
► If filing for multiple positions, list b	elow or on an attachment. (L	(Do not use acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Chec	k 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	t least one box)		
Annual: The period covered is December 31, 2021.		Leaving Office: Date Left/(Check one circle.)	
The period covered is December 31, 2021.		, through	
Assuming Office: Date assume	ed/		
Candidate: Date of Election	and office	fice sought, if different than Part 1:	
4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2			
Schedules attached	ocimpieto, protari	number of pages morating and cover page.	
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 anv schedu	ule	
5. Verification	,		
MAILING ADDRESS STREET (Business or Agency Address Recommended -	Public Document)	CITY STATE ZIP CODE	
8401 Laguna Palms Way	, asia sasamany	Elk Grove CA 95758	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(916) 478-3648	rfrench@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 informatherein and in any attached schedules is true and complete. I acknowledge this is a public document.			
I certify under penalty of perjury u	nder the laws of the State of	of California that the foregoing is true and correct.	
Date Signed - 19 - 3	22	Signature	
(month, day	; year)	(File the originally signed paper statement with your filing official.)	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

$\overline{}$	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	Willdan	· · · · · · · · · · · · · · · · · · ·
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Engineering Services	_
	FAIR MARKET VALUE	FAIR MARKET VALUE
		\$2,000 - \$10,000 \$10,001 - \$100,000
	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other (Describe)	Stock Other (Describe)
	Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
	☐ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or Mare (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
<u> </u>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	,	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	w	41
		7
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000\$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	NATURE OF INVESTMENT Stock Other	Stock Other
	(Describe)	(Describe)
	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	Income Received of \$300 of More (Report of Schedule C)	Income Necessed of \$500 of Island (Nepolt of Gorievale O)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
		14
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
•	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	ATHER WAS TO SELECT THE PROPERTY.	OFNEDAL DECODIDATION OF THIS BUILDINGS
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
	(Describe)	(Describe)
	Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
	☐ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ /21 / /21	/ /21 / /21
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
		1
C	ommonte:	