

Please type or print in ink.

## STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Ramsey	James	D	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms) City of Elk Grove			
Division, Board, Department, District, if applicable	<del></del>	Your Position	
Risk Management		Risk Analyst / ADA Coordin	ator
▶ 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 Jud (Statewide Jurisdiction)	ge, or Court Commissioner
Multi-County		County of	
City of Ells Course		7 04	
3. Type of Statement (Check at least one	box)		
Annual: The period covered is January 1, December 31, 2020.	<b>2020</b> , through	Leaving Office: Date Left(Check one of	
The period covered is/ December 31, 2020.	/, through	<ul><li>The period covered is January leaving office.</li><li>-or-</li></ul>	1, 2020, through the date of
Assuming Office: Date assumed		The period covered is/_ the date of leaving office.	, through
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 Sche	dule C - Income, Loans, & Business I	Positions - schedule attached
Schedule A-2 - Investments - schedule	- schedule attached Schedule D - Income - Gifts - schedule attached		
Schedule B - Real Property - schedule	attached Sche	dule E - Income – Gifts – Travel Payı	ments - schedule attached
-or- No reportable interests on any schedule			
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docum	CITY ent)	STATE	ZIP CODE
8401 Laguna Palms Way	Elk Grove	CA	95691
DAYTIME TELEPHONE NUMBER	EMAIL A	DDRESS	
(916 ) 478-2250	jram	sey@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 1/12/2021	Signatur		W
(month, day, year)		(File the originally signed paper statem	ent with your filing official.)