

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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	ME OF FILER (LAST) (FIRST)		(MIDDLE)				
211Œ	-KISHIYAMA	MAKRY			JENWI	FER	
1. Office, A	Agency, or Court						
Agency Na	me (Do not use acronyms)	_					
	EIK GROVE ANIMAL SERVICES						
Division, B	oard, Department, District, if app	You	Your Position				
VETEKINAKIAW							
► If filing	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)						
				-111			
Agency: _			PO	sition:			
2. Jurisdi	ction of Office (Check at	least one box)					
State							
	_ 5.0.0			(Statewide Jurisdiction)			
Multi-C	Multi-County			County of			
	EIK GROVE						
	f Statement (Check at leas						
1	al: The period covered is Janua December 31, 2020.	ary 1, 2020, through		_eaving Office: D	ate Left (Check one	_// • circle.)	
-0	The period covered is December 31, 2020.		anough	The period coverage leaving office.	ered is Januar	y 1, 2020, through the date of	
Assu	ming Office: Date assumed		-	The period cover the date of leave		/, through	
Candi	date: Date of Election	and office	ce sought, if different	than Part 1:			
	le Summary (must cor	npiete) ► Total i	number of page:	s including thi	s cover pag	ge: I	
Schedu	ıles attached						
Sc	Schedule A-1 - Investments - schedule attached						
	hedule A-2 - Investments - sch			D - Income - Gil			
Sc	hedule B - Real Property - sch	edule attached	Schedule	E - Income – GII	ts – Travel Paj	yments - schedule attached	
. V	lama N		l-				
-	one - No reportable inter	ests on any scheau	e				
5. Verifica			ours.		OTATE	ZIP CODE	
MAILING AD (Business or	DRESS STREET Agency Address Recommended - Public	Document)	CITY		STATE		
840	1 LAGUNA PAUN	s WAY	ELK GROV		CA	95758	
9 595	DAYTIME TELEPHONE NUMBER (916) 478-2286 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information container 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.						
I have use herein and							
I certify u							
	مامماء .			IM On 1.	A		
Date Sign	ed 2 21 702\		Signature _	(File the origina	lly signe paper state	ement with your filing official.)	