

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

COVER PAGE

CITY CLERK'S OFFICE MAY 06 2020 PM01:01

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Please type or print in ink.	ATOD	LIO DOGGIVILIAT
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Agrusa	Tiffany	Α.
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Elk Grove		
Division, Board, Department, District, if applica	ble	Your Position
Public Works - Operations and Mai	ntenance	Administrative Analyst
▶ If filing for multiple positions, list below or c	on an attachment. (Do not use	асгопутѕ)
Agency:		Position:
2. Jurisdiction of Office (Check at leas	st one box)	2
☐ 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 least of	na havi	
•	•	
Annual: The period covered is January December 31, 2019.	1, 2019, through	Leaving Office: Date Left/(Check one circle.)
The period covered is/_ December 31, 2019.	, through	 The period covered is January 1, 2019, through the date of leaving office. -or-
Assuming Office: Date assumed	J	The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought,	if different than Part 1:
4. Schedule Summary (must comp	ete) > Total number	of pages including this cover page:1
Schedules attached	Protai number	or pages molating this cover page.
Schedule A-1 - Investments – schedul	e attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – schedul	e attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedul	e attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-Or- ⊠ None - No reportable interest	s on any schedule	NO.
5. Verification	on any contours	
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public Doct 10250 Iron Rock Way	Elk Grove	CA 95624
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(916)687-3011	1	tagrusa@elkgrovecity.org
	ng this statement. I have review	ved this statement and to the best of my knowledge the information contained
I certify under penalty of perjury under the	<u>-</u>	
		16000
Date Signed 5/5/2020	Sig	gnature
(month, day, year)		(File the originally signed paper statement with your filing official.)