

**COVER PAGE**

**CITY CLERK'S OFFICE**  
**JAN 27 2020 PM 04:32**

**A PUBLIC DOCUMENT**

Please type or print in ink.

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)***

- State
- Multi-County \_\_\_\_\_
- City of **Elk Grove**
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner *(Statewide Jurisdiction)*
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2019, through December 31, 2019.
- or-** The period covered is \_\_\_\_\_, through December 31, 2019.
- Assuming Office:** Date assumed \_\_\_\_\_
- Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_\_ *(Check one circle.)*
- The period covered is January 1, 2019, through the date of leaving office.
- or-**  The period covered is \_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3**

**Schedules attached**

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

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

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
*(Business or Agency Address Recommended - Public Document)*  
**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 **January 27, 2020**  
*(month, day, year)*

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

**SCHEDULE D**  
**Income – Gifts**

Name  
 Sarah E Bontrager

▶ NAME OF SOURCE (Not an Acronym)  
**Hefner Law Office**

ADDRESS (Business Address Acceptable)  
**2150 River Plaza Dr #450, Sacramento, CA 95833**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Cap to Cap dinner - Willard Hotel**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 4 / 19	\$ 175	Dinner
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**Kaiser**

ADDRESS (Business Address Acceptable)  
**6600 Bruceville Rd, Sacramento, CA 95823**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Cap to Cap dinner - Hay-Adams**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 5 / 19	\$ 188.75	Dinner
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**Dignity Health**

ADDRESS (Business Address Acceptable)  
**3400 Data Dr, Rancho Cordova, CA 95670**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Cap to Cap brunch (1/3 share) - Rosa Mexicana**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 5 / 19	\$ 36.19	Brunch
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**Eaton Development Co**

ADDRESS (Business Address Acceptable)  
**1180 Iron Point Rd #350, Folsom, CA 95630**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Cap to Cap brunch (1/3 share) - Rosa Mexicana**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 5 / 19	\$ 36.19	Brunch
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**Western Health Advantage**

ADDRESS (Business Address Acceptable)  
**2349 Gateway Oaks Dr #100, Sacramento, CA 95833**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Cap to Cap brunch (1/3 share) - Rosa Mexicana**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 5 / 19	\$ 36.19	Brunch
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**Delfino Madden**

ADDRESS (Business Address Acceptable)  
**500 Capitol Mall #1550, Sacramento, CA 95814**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Cap to Cap dinner (proportional share) - Hay-Adams**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 5 / 19	\$ 44.12	Dinner
	\$	
	\$	

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
Sarah E Bontrager

▶ NAME OF SOURCE *(Not an Acronym)*  
Sacramento Kings  
 ADDRESS *(Business Address Acceptable)*  
500 David J Stern Walk, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Cap to Cap dinner (proportional share) - Hay-Adams

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 5 / 19</u>	<u>\$ 44.12</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE *(Not an Acronym)*  
 \_\_\_\_\_  
 ADDRESS *(Business Address Acceptable)*  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
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 ADDRESS *(Business Address Acceptable)*  
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 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

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<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

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 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

Comments: \_\_\_\_\_  
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