## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

#### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

#### **COVER PAGE**

CITY CLERK'S OFFICE FEB 06 2020 PM01:25

A PUBLIC DOCUMENT

Please type or print in Ink.	A PUBLIC DOCUMENT			
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 below or on an a	ttachment. (Do not us	<u>:</u>		
Agency:		Position:		
2. Jurisdiction of Office (Check at least one				
☐ State		<ul> <li>Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)</li> </ul>		
Multi-County		County of		
⊠ City of Elk Grove		Other		
3. Type of Statement (Check at least one box	}			
Annual: The period covered is January 1, 2019 December 31, 2019.	), through	Leaving Office: Date Left/		
The period covered is//_ December 31, 2019.	, through	O The period covered is January 1, 2019, through the date of leaving office.		
Assuming Office: Date assumed/	J	The period covered is/, through the date of feaving office.		
Candidate: Date of Election	and office sough	t, if different than Part 1:		
A Schodule Summer (must complete)				
4. Schedule Summary (must complete) Schedules attached	► lotal numbel	r of pages including this cover page:		
Schedule A-1 - Investments - schedule attac	hed [	Schedule C - Income, Loans, & Business Positions - schedule attached		
Schedule A-2 - Investments - schedule attac	hed [	Schedule D · Income – Gifts – schedule attached		
Schedule B - Real Property - schedule attac	-	Schedule E - Income - Gifts - Travel Payments - schedule attached		
-Or-  None - No reportable interests on a	any schedule			
5. Verification	-			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE		
8401 Laguna Palms Way	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 information 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 2-6-2020 Signature				
(month, day year)	`	(File the ongreely signed paper statement with your dang 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.

700					
CALIFORNIA FORM 700					
FAIR POLITICAL PRACTICES COMMISSION					
Name					
Robert Andrew French					

•	NAME OF BUSINESS ENTITY Willdan	NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Engineering Services	
	FAIR MARKET VALUE	FAIR MARKET VALUE
	<b>▼</b> \$2,000 - \$10,000	S2,000 - \$10,000 S10,001 - \$100,000
	S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	MATHER OF MAGGETAGE
	X Stock Other	NATURE OF INVESTMENT Stock Other
	(Describe)	(Describe)
	Partnership   Income Received of \$0 - \$499   Income Received of \$500 or More (Repair on Schedule C)	Partnership   Income Received of \$0 - \$499
	IE ADDI ICADI E LICT DATE.	IF ADDITION F LIGT DATE.
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	
-	NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
		P WARE OF BOOKERS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET MANUE	
	FAIR MARKET VALUE	FAIR MARKET VALUE
	S10,000 - \$10,000 S10,000 S100,000 Over \$1,000,000	\$2,000 - \$10,000
		S100,001 - \$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   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)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
		/ / / 19 / / 19
	ACQUIRED DISPOSED	ACQUIRED DISPOSED .
<u> </u>	NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
	OCALEDAL DESCRIPTION OF THE PURINTERS	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	S2,000 - \$10,000 S10,001 - \$100,000
	S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
	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)
	IF APPLICABLE, LIST DATE.	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
	•	•
Co	mments:	