

COVER PAGE
A PUBLIC DOCUMENT

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1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF ELK GROVE

Division, Board, Department, District, if applicable

IT/FINANCE

Your Position

GIS SYSTEMS ADMINISTRATOR

► 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 Judge, or Court Commissioner (Statewide Jurisdiction)

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, through December 31, 2019.

Leaving Office: Date Left _____ (Check one circle.)

-or-

The period covered is _____ through December 31, 2019.

The period covered is January 1, 2019, through the date of leaving office.

-or-

Assuming Office: Date assumed _____

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 complete) ► Total number of pages including this cover page: 1

Schedules attached

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - 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 - 3292 IICE@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 2/10/20
(month, day, year)

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