

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink.			SAN	1. 121700194-3111-0194	
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)		
Andersen	Elaine		L		
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)					
City of Folsom					
Division, Board, Department, District, if approximately	oplicable	Your Position	1		
City Manager's Department		City Man	ager		
► If filing for multiple positions, list below	v or on an attachment. (Do no	ot use acronyms)			
Agency:		Position:	Position:		
2. Jurisdiction of Office (Check at	t least one box)				
State			<ul> <li>Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)</li> </ul>		
Multi-County		County of	County of		
X City of Folsom					
3. Type of Statement (Check at lea	ast one box)				
Annual: The period covered is January December 31, 2022.	,	Leaving (	Office: Date Left (Check on	/ e circle.)	
-or- The period covered is December 31, <b>2022</b> .	/, throu	gii – ·	eriod covered is Janua g office.	ry 1, 2022, through the date of	
Assuming Office: Date assumed _		○ The pe	eriod covered is te of leaving office.	_/, through	
Candidate: Date of Election	and office so	ught, if different than Par	t 1:	_	
4. Schedule Summary (required	l) ► Total num	ber of pages includ	ling this cover pa	nge: 1	
Schedules attached					
Schedule A-1 - Investments – sc	hedule attached	Schedule C - Inco	ome, Loans, & Busines	s Positions - schedule attached	
☐ Schedule A-2 - Investments – schedule attached ☐ Schedule D - Income			ome – Gifts – schedule	attached	
Schedule B - Real Property – sc	hedule attached	Schedule E - Inco	ome – Gifts – Travel Pa	ayments - schedule attached	
-or- × None - No reportable inte	erests on any schedule				
5. Verification					
MAILING ADDRESS STREET (Business or Agency Address Recommended - Publications)	CITY ic Document)	· ————	STATE	ZIP CODE	
50 Natoma Street	Fo	Isom	CA	95630	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
( )		eandersen@fc	lsom.ca.us		
I have used all reasonable diligence in proherein and in any attached schedules is				nowledge the information contained	
I certify under penalty of perjury unde	r the laws of the State of Ca	lifornia that the foregoing	ng is true and correc	t.	
Date Signed 02/28/2023 04	1:04 PM	Signature	Elaine L	Andersen	
(month, day, year	)		le the originally signed paper sta	atement with your filing official.)	