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 applicable
City Manager’s Department
Your Position
City 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 Folsom
☐ County of ____________________________
☐ Other ____________________________

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2022, through December 31, 2022.
-OR-
The period covered is _______/_____/_______, through December 31, 2022.
☐ Leaving Office: Date Left _______/_____/_______
-OR-
The period covered is _______/_____/_______, through the date of leaving office.
-OR-
The period covered is _______/_____/_______ through the date of leaving office.
☐ Assuming Office: Date assumed _______/_____/_______
☐ Candidate: Date of Election ____________ and office sought, if different than Part 1: ____________

4. Schedule Summary (required) ► Total number of pages including this cover page: 1
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
50 Natoma Street Folsom CA 95630
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
( ) eandersen@folsom.ca.us
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 correct. 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 02/28/2023 04:04 PM Signature Elaine L Andersen

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