

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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IAME OF FILER (LAST)) (FIRST)		(MIDDLE)	
Andersen	Elaine		L	
. Office, Agency, or Court				
Agency Name (D	Oo not use acronyms)			
City of Folsor	• ,			
	Department, District, if applicable		Your Position	
City Manager	's Department		City Manager	
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)				
Agency:			Position:	_
Luricdiation	of Office (Charle at least one hour			
	of Office (Check at least one box)			
State			Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner
Multi-County			County of	
× City of Fols	om			_
B. Type of Stat	ement (Check at least one box)			
	e period covered is January 1, 2021, through		Leaving Office: Date Left	
-or-	cember 31, 2021 .		,	ne circle.)
	e period covered is/	., through	leaving office.	ary 1, 2021, through the date of
Assuming O	office: Date assumed//	_	The period covered is the date of leaving office.	/, through
Candidate: Date of Election and office sought, if different than Part 1:				
l. Schedule Su	ımmary (must complete) ► Total	number of	pages including this cover p	page: 1
Schedules a	• ' '		,	
Schedule	A-1 - Investments – schedule attached	☐ Sc	chedule C - Income, Loans, & Busine	ess Positions – schedule attached
Schedule	A-2 - Investments - schedule attached	Sc	chedule D - Income - Gifts - schedu	le attached
Schedule	B - Real Property - schedule attached	Sc	chedule E - Income – Gifts – Travel I	Payments - schedule attached
-Or- None - No reportable interests on any schedule				
5. Verification				
MAILING ADDRESS (Business or Agency A	STREET Address Recommended - Public Document)	CITY	STATE	ZIP CODE
50 Natoma S		Folsom	CA	95630
DAYTIME TELEPHON	IE NUMBER		AIL ADDRESS	
eandersen@folsom.ca.us				
	asonable diligence in preparing this statement.			knowledge the information contained
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Date Signed	03/04/2022 08:35 AM	Signa	sture Flaine I	Andersen
Date Orgineu	(month, day, year)	Sigila		statement with your filing official.)