

COVER PAGE

A PUBLIC DOCUMENT

RECEIVED
OFFICE OF THE CITY CLERK

Please type or print in ink

NAME OF FILER (LAST) (FIRST) (MIDDLE)
HAGGARD BRENDA R

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF ELK GROVE

Division, Board, Department, District, if applicable

CITY CLERK

Your Position

ASSISTANT CITY CLERK

► 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. -or- The period covered is ____/____/____, through December 31, 2019.
- Leaving Office: Date Left ____/____/____ (Check one circle.)
- Assuming Office: Date assumed ____/____/____
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____
- The period covered is January 1, 2019, through the date of leaving office.
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

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) 627-3453 bhaggard@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 03-JANUARY-2020
(month, day, year)

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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
BRENDA R. HAGGARD

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
116-0530-078-0000

CITY
ELK GROVE, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE

\$2,000 - \$10,000 _____/_____/19 _____/_____/19

\$10,001 - \$100,000 _____/_____/19 _____/_____/19

\$100,001 - \$1,000,000 ACQUIRED DISPOSED

Over \$1,000,000

NATURE OF INTEREST

Ownership/Deed of Trust Easement

Leasehold _____ Yrs remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000

\$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more

None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE

\$2,000 - \$10,000 _____/_____/19 _____/_____/19

\$10,001 - \$100,000 _____/_____/19 _____/_____/19

\$100,001 - \$1,000,000 ACQUIRED DISPOSED

Over \$1,000,000

NATURE OF INTEREST

Ownership/Deed of Trust Easement

Leasehold _____ Yrs remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000

\$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

None

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000 \$1,001 - \$10,000

\$10,001 - \$100,000 OVER \$100,000

Guarantor if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000 \$1,001 - \$10,000

\$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

Comments: _____