

COVER PAGE

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A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
KENNEDY SUZANNE E.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF ELK GROVE

Division, Board, Department, District, if applicable

Your Position

ASSISTANT CITY ATTORNEY

► 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

Assuming Office: Date assumed ____/____/____

-or-
 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: 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) 683-7111 SKENNEDY@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 1-28-2020
 (month, day year)

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

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
KENNEDY, SUZANNE

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
116-0570-045-0000

CITY
ELK GROVE

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 19 DISPOSED / / 19

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold 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
MELISSA AND KERRY MCINTOSH

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
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 \$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: _____