

COVER PAGE
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Please type or print in ink.

NAME OF FILER (LAST) Koehn (FIRST) Brad (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms) **CITY CLERK'S OFFICE**
City of Elk Grove **FEB 07 2020 PM03:12**
Division, Board, Department, District, if applicable _____ Your Position
Treasurer

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: SEE ATTACHED LIST 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 Fl 1 Elk Grove CA 95758-8045
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(916) 478-2286 bkoehn@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 02/07/2020 03:04 PM Signature Electronic Submission
(month, day, year) (File the originally signed paper statement with your filing official)

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Brad Koehn	

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Northern CA Cities Self Insurance Fund		Members of the Board of Directors	SEE BELOW	Annual	01/01/19 - 12/31/19

DESCRIPTION OF JURISDICTION

Agency: Northern CA Cities Self Insurance Fund

Jurisdiction Type: Multi-county

Description: Multi-county Amador, Butte, Colusa, El Dorado, Glenn, Nevada, Placer, Sacramento, Shasta, Solano, Sutter, Tehama, Yuba