

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink.						
NAME OF FILER (LAST) (FIRST)		(FIRST)	(MIDDLE)			
F	aulk	Ronald		R		
1.	Office, Agency, or Court					
	Agency Name (Do not use acronyms)					
	City of Elk Grove					
	Division, Board, Department, District, if a	pplicable	Your Positio	n		
	Operations and Maintenance D	epartment epartment	O&M Su	pervisor		
	▶ 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			tired Judge, Pro Tem Jud Jurisdiction)	dge, or Court Commissioner	
	Multi-County		County of	Sacramento		
	City of Elk Grove					
<del></del> 3.	Type of Statement (Check at lea	est one box)				
	Annual: The period covered is January December 31, 2020.	·	Leaving (	Office: Date Left (Check one		
	-or- The period covered is <u>06</u> December 31, <b>2020</b> .	5 / 22 / 2020 , through		eriod covered is January g office.	1, 2020, through the date of	
	Assuming Office: Date assumed _		☐ The p	eriod covered is/. te of leaving office.	, through	
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 A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached					
	Schedule B - Real Property – sch	nedule attached	Schedule E - Inco	me – Gifts – Travel Pay	menfs - schedule attached	
	Mana Al					
	Or-	rests on any schedule				
٥.	MAILING ADDRESS STREET	CITY		STATE	ZIP CODE	
	(Business or Agency Address Recommended - Public	: Document)	_			
	10250 Iron Rock Way  DAYTIME TELEPHONE NUMBER	Elk (	Grove	CA	95624	
	CONTRACTOR ESCAPERING AND		EMAIL ADDRESS	Opening con		
	That in General Control of the Contr					
	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 1/12/2021		Signature	Mall K	frence	
	(month, day, year)		V (Fit	e une onconsilv signed paper eloten	tons with upper bling official \	

## **SCHEDULE A-1 Investments**

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700				
FAIR POLITICAL PRACTICES COMMISSION				
Name				

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY			
Willdan Group Inc				
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS			
Engineering Consultant				
FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000	FAIR MARKET VALUE \$10,001 - \$100,000			
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000			
NATURE OF INVESTMENT  Stock Other (Describe)	NATURE OF INVESTMENT Stock Other			
(Describe) Partnership   Income Received of \$0 - \$499 [] Income Received of \$500 or More (Report on Schedule C)	[Describe]  [Partnership Income Received of \$0 - \$499  [Income Received of \$500 or Mare (Repair on Schedule C)			
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE			
//20//20	/ /20 / /20			
ACQUIRED DISPOSED	ACQUIRED DISPOSED			
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY			
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS			
FAIR MARKET VALUE  \$2,000 - \$10,000	FAIR MARKET VALUE  \$2,000 - \$10,000			
NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT Stock Other (Describe)			
[] Partnership     Income Received of \$0 - \$499   Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)			
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
ACQUIRED DISPOSED	ACQUIRED DISPOSED			
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY			
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS			
FAIR MARKET VALUE	FAIR MARKET VALUE			
\$2,000 - \$10,000 [ ] \$10,001 - \$1,000,000 [ ] Over \$1,000,000	\$2,000 - \$10,000   \$10,001 - \$100,000   \$100,001 - \$1,000,000   Over \$1,000,000			
NATURE OF INVESTMENT	NATURE OF INVESTMENT			
Stock Other (Describa)	Stock Other			
Partnership [ Income Received of \$0 - \$499 [ Income Received of \$500 or More (Report on Schedule C)	(Describe)  Partnership   Income Received of \$0 - \$499   Income Received of \$500 or More (Report on Schedule C)			
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
ACQUIRED DISPOSED	ACQUIRED DISPOSED			
Comments:				