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STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAME OF FILER (LAST)	(FIRST)			(MIDDLE)			
French	Robert			Andrew			
I. Office, Agency, or Court							
Agency Name (Do not use acronyr	ns)						
City of Elk Grove							
Division, Board, Department, District	, if applicable		Your Position				
Public Works			Operations Supe	ervisor			
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)							
Agency:		=======================================	Position:		- 3		
2. Jurisdiction of Office (Che	eck at least one box)						
State			Judge, Retired Judge (Statewide Jurisdiction	_	e, or Court Commissioner		
Multi-County			County of				
✓ City of Elk Grove							
3. Type of Statement (Check	at least one box)	8:	U				
Annual: The period covered is December 31, 2020.	January 1, 2020, through		Leaving Office: Da	ate Left/_ (Check one cir			
The period covered is December 31, 2020 .	s, thro	ough	 The period cover leaving office. 	red is January 1	, 2020, through the date of		
Assuming Office: Date assur	ned/				/, through		
Candidate: Date of Election	and office s	sought, if differ	ent than Part 1:				
1. Schedule Summary (mus	t complete) ► Total nui	mber of pa	ges including this	cover page:	2		
Schedules attached	, , , , , , , , , , , , , , , , , , , ,		,g		<u>-</u>		
✓ Schedule A-1 - Investments	cohodulo attached	□ Sched	lule C - Income. Loans	s. & Business Po	ositions – schedule attached		
Schedule A-2 - Investments			lule D - Income – Gifts				
Schedule B - Real Property					ents – schedule attached		
-Or- None - No reportable interests on any schedule							
5. Verification							
MAILING ADDRESS STREET (Business or Agency Address Recommended		TY		STATE	ZIP CODE		
8401 Laguna Palms Way	·	lk Grove	ļ	CA	95758		
DAYTIME TELEPHONE NUMBER			DDRESS				
(916) 478-3648		rfren	ch@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	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.						
Date Signed 1 - 19	Date Signed 1 - 19 - 2021 Signature						
(month, de				r signed paper statemer	of with your filing 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	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Engineering Services	
	FAIR MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT Stock Other (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	
<u> </u>	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 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other (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: //20
_	NAME OF BUILDINGS ENTITY	► NAME OF BUSINESS ENTITY
•	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 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	FAIR MARKET VALUE \$2,000 - \$10,000
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	//20//20 ACQUIRED DISPOSED	//20
Co	omments:	