

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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| NAME OF FILER (LAST) | | (FIRST) | (FIRST) | | (MIDDLE) | |
|---|--|--|---|---|---------------------------------|--|
| Ky | yles | Sandra | | J | | |
| 1. Office, Agency, or Court | | | | | | |
| | gency Name (Do not use acronyms) | | | | | |
| | City of Elk Grove | | | | | |
| | Division, Board, Department, Distric | t, if applicable | Υ | our Position | | |
| | Development Services Divi | sion - Planning | | Permit Processing Coordin | nator/Secretary | |
| | If filling for multiple positions, list below or on an attachment. (Do not use acronyms) | | | | | |
| | Agency: | | | Position: | | |
| 2. Jurisdiction of Office (Check at least one box) | | | | | <u></u> | |
| | State | | | Judge, Retired Judge, Pro Tem Ju (Statewide Jurisdiction) | dge, or Court Commissioner | |
| | Multi-County | | | County of | | |
| | City of Elk Grove | | | Other | | |
| 3. | Type of Statement (Check at least one box) | | | | | |
| | Annual: The period covered in December 31, 2020. | s January 1, 2020, through | | Leaving Office: Date Left(Check one | | |
| | The period covered in December 31, 2020. | s, thro | ough | The period covered is Januar leaving office.-or- | y 1, 2020, through the date of | |
| | Assuming Office: Date assur | med/ | | ☐ The period covered is the date of leaving office. | /, through | |
| | Candidate: Date of Election | 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: 🖋 । | | | | | |
| | chedules attached | | | | | |
| | Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached | | | | s Positions – schedule attached | |
| | Schedule A-2 - Investments | | Schedule D - Income - Gifts - schedule attached | | | |
| | Schedule B - Real Property | | Sched | ule E - Income – Gifts – Travel Pa | yments - 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 | CA | 95758 | |
| | DAYTIME TELEPHONE NUMBER | | EMAIL A | DRESS | | |
| | 916) 478-3620 skyles@elkgrovecity.org | | | | | |
| | nave used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained berein and in any attached schedules is true and complete. I acknowledge this is a public document. | | | | | |
| | I certify under penalty of perjury | certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. | | | | |
| | Date Signed 02/09 | te Signed 02/09/2021 Signature Signature Indianally signed paper statement with your filing official.) | | | | |