

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink.			I FID T I TATE: WAY-AT
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Manzanares	Jacquelin	Α	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms) City of Elk Grove			
Division, Board, Department, District, if a	oplicable	Your Position	*
Human Resources		Human Resources Analyst	€
▶ If filing for multiple positions, list below	v or on an attachment. (Do not ι	ise acronyms)	-
Agency:		Position:	
2. Jurisdiction of Office (Check at	t least one box)		
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 lea	est one box)		
Annual: The period covered is January December 31, 2020.	-	Leaving Office: Date Left(Check one	
The period covered is December 31, 2020 .	/, through	The period covered is Januar leaving office.	y 1, 2020 , through the date of
Assuming Office: Date assumed _			/, through
Candidate: Date of Election	and office sough	nt, if different than Part 1:	
4. Schedule Summary (must co	mplete) ► Total numbe	r of pages including this cover page	ge:
Schedules attached			/1 9 3333 333 4
Schedule A-1 - Investments - scl	hedule attached	Schedule C - Income, Loans, & Business	
Schedule A-2 - Investments - scl	nedule attached	Schedule D - Income - Gifts - schedule	
Schedule B - Real Property - sci	hedule attached	Schedule E - Income – Gifts – Travel Pa	yments - schedule attached
-or- ⋈ None - No reportable inte	rests on any schedule		
5. Verification	rosis on any sonounc		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Publi	·	rove CA	95758
8401 Laguna Palms Way DAYTIME TELEPHONE NUMBER	Elk G	FOVE CA	95756
(916) 478-2269		jmanzanares@elkgrovecity.org	
		iewed this statement and to the best of my kn	owledge the information contained
I certify under penalty of perjury under	r the laws of the State of Califo	rnia that the foregoing is true and correct	
Date Signed 02/12/2021 (month, day, year)		Signature (File tife originally signed paper state	ement with your filing official \