

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink.					
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)		
Ice	lan		Dennis		
1. Office, Agency, or Court					
Agency Name (Do not use acrony	ms)				
CITY OF ELK GROVE					
Division, Board, Department, District	t, if applicable	Your Posit	ion		
INFORMATION SERVICES	S	GIS SY	STEM ADMINISTR	ATOR	
► If filing for multiple positions, list	below or on an attachment.	(Do not use acronyms)			
Agency:	Agency:		Position:		
2. Jurisdiction of Office (Ch	eck at least one box)				
State		•	 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) 		
Multi-County		County o	f		
City of ELK GROVE					
3. Type of Statement (Check	at least one box)				
Annual: The period covered in	-	Leaving	Office: Date Left	J	
December 31, 2021.		□ The	(Check one	,	
The period covered in December 31, 2021.	is/	- unough	period covered is January ing office.	1, 2021, through the date of	
Assuming Office: Date assu	med		period covered is/. date of leaving office.	, through	
Candidate: Date of Election	and of	ffice sought, if different than P	art 1:		
4. Schedule Summary (mus	st complete) ► Total	number of pages inclu	uding this cover pag	re: 2	
Schedules attached	. ,	, .0	J		
Schedule A-1 - Investment	s – schedule attached	Schedule C - In	come, Loans, & Business	Positions – schedule attached	
Schedule A-2 - Investment			come – Gifts – schedule a		
Schedule B - Real Property		Schedule E - In	come – Gifts – Travel Pay	ments – schedule attached	
	, bonousie automos				
-or- None - No reportable	e interests on any sched	ule			
5. Verification	,		·		
MAILING ADDRESS STREET	Γ	CITY	STATE	ZIP CODE	
(Business or Agency Address Recommended	1 - Public Document)	T. (C D D) (E	0.1	0.5750	
8401 Laguna Palms Way DAYTIME TELEPHONE NUMBER		ELK GROVE TEMAIL ADDRESS	CA	95758	
(916) 627-3292		iice@elkgrov	vecity ora		
have used all reasonable diligence	in preparing this statement			wledge the information contained	
herein and in any attached schedu					
I certify under penalty of perjury	under the laws of the State	of California that the forego	oing is true and correct.		
Date Signed #2 /#3 /	7827	Signature /	Van Vce		
Date Signed NA 1831	<i>5</i> 0 0 0	Jigilature	(File the originally signed name state	ment with your filing official 1	

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

ome – Gifts lan Dennis Ice

► NAME OF SOURCE (Not an Acronym) eagleview (Ruth Zipfel)	► NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable) 10800 NE 8th Street STE 300 Bellevue, WA 98004	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Attended a demo and won a gift card			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
6 28 21 50 Amazon Gift Card			
\$			
	\$		
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
	\$		
Comments:	*		