

## STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

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Please type or print in ink.						
NAI	ME OF FILER (LAST)	(FIRST)		(MIDDLE)		
L	ONG	CECILIA		A.		
1. Office, Agency, or Court						
Agency Name (Do not use acronyms) CITY OF ELK GROVE						
	Division, Board, Department, District, if app	licable	You	r Position		
			ΑI	MINISTRATIVE ANAL	YST II	
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)						
	Agency:		Po	sition:	<del></del>	
2.	2. Jurisdiction of Office (Check at least one box)					
	State		<ul> <li>Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)</li> </ul>			
	Multi-County		C	ounty of		
	City of ELK GROVE					
3. Type of Statement (Check at least one box)						
J.	Annual: The period covered is January 1, 2021, through December 31, 2021.		Leaving Office: Date Left//(Check one circle.)			
	-OT-	_/, throu	gh [	leaving office.	ery 1, 2021, through the date of	
	Assuming Office: Date assumed		-	•	_/, 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:						
	Schedules attached					
	Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule					
	Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached					
	Schedule B - Real Property – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached					
-or- No reportable interests on any schedule						
_	Verification					
٠.	MAILING ADDRESS STREET	CITY	1	STATE	ZIP CODE	
	(Business or Agency Address Recommended - Public 8401 LAGUNA PALMS WAY		K GROVE	CA	95758	
	DAYTIME TELEPHONE NUMBER		EMAIL ADDR			
	( 916 ) 627-3334		CLONG	@ELKGROVECITY.OF	RG	
	have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contanerein and in any attached schedules is true and complete. I acknowledge this is a public document.					
	I certify under penalty of perjury under	certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
	Data Signad 1-10-2022		-	( pailent to	201	
	Date Signed (month, day, year)		Signature _	(File the originally signed pager sta	inspent with your fling official.)	