

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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1. Office, Agency, or Court		
Agency Name (Do not use acron	yms)	
Division, Board, Department, District, if applicable		Your Position
PUBLIC WORKS DEPARTMENT		RECYCLING & WASTE DIVISION MANAGER
► If filing for multiple positions, lis	st below or on an attachment. (Do not	use acronyms)
Agency:		Position:
2. Jurisdiction of Office (Ca	heck at least one box)	
State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of ELK GROVE		Other
3. Type of Statement (Check	k at least one box)	
Annual: The period covered December 31, 2021		Leaving Office: Date Left 2 , 25 , 2022 (Check one circle.)
-or- The period covered December 31, 2021	is, through .	The period covered is January 1, 2021 , through the date of leaving office.
Assuming Office: Date ass	umed/	The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office soug	ght, if different than Part 1:
4. Schedule Summary (mu	st complete) > Total numb	er of pages including this cover page:
Schedules attached		
Schedule A-1 - Investmen	nts - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investmen	ts - schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Proper	ty - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- None - No reportab	le interests on anv schedule	
5. Verification	,	
MAILING ADDRESS STRE		STATE ZIP CODE
(Business or Agency Address Recommendation 8401 LAGUNA PALMS V		GROVE CA 95758
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(916) 478-3686		hneff@elkgrovecity.org
	ce in preparing this statement. I have re ules is true and complete. I acknowled	eviewed this statement and to the best of my knowledge the information contained lige this is a public document.
I certify under penalty of perjur	y under the laws of the State of Calif	fornia that the foregoing is true and correct.
Date digited	23/2022 . dav. vear)	Signature File the originally slohed paber statement with your filing official.)