

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

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NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Skibby Gerald Austin

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Elk Grove

Division, Board, Department, District, if applicable

Animal Services

Your Position

Animal Care Supervisor

▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County \_\_\_\_\_
- City of Elk Grove
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2021, through December 31, 2021.
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- The period covered is January 1, 2021, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- 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: 1

Schedules attached

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
8401 Laguna Palms Wy Elk Grove CA 95758  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
(916) 687-3071

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/17/2022  
(month, day, year)

Signature [Handwritten Signature]  
(File the originally signed paper statement with your filing official.)