

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Sandoval Sarah A

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Elk Grove Community Development

Division, Board, Department, District, if applicable

Building Division

Your Position

Permit Processing Coordinator

► 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 Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Elk Grove Other _____

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

- Annual: The period covered is January 1, 2025, through December 31, 2025. Leaving Office: Date Left ____/____/_____
-or- The period covered is ____/____/_____, through December 31, 2025. (Check one circle below.)
- Assuming Office: Date assumed ____/____/_____. The period covered is January 1, 2025, through the date of leaving office.
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____ -or- The period covered is ____/____/_____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

- Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached
- 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
- Attachment 700-P - Prospective Employment (87200 Filers Only) – 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 Way Elk Grove CA 95758
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(916) 478-2235 ssandoval@elkgrove.gov

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 March 9, 2026
(month, day, year)

Signature Sarah Sandoval
Digitally signed by Sarah Sandoval
Date: 2026.03.09 08:51:02 -07'00'
(File the originally signed paper statement with your filing official.)