

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink.						
NAME OF FILER (LAST)	(FIRST)			(MIDDLE)		
Sangiacomo	Sage			L		
I. Office, Agency, or Cou	urt					
Agency Name (Do not use ac	ronyms)					
City of Ukiah						
Division, Board, Department, D	vistrict, if applicable		Your Position			
			City Manager			
► If filing for multiple positions	s, list below or on an attachmen	t. (Do not use acr				
Agency:			_ Position:			
2. Jurisdiction of Office	(Check at least one box)					
State		Judge, Retired Judge,	Pro Tem J	Judge, or Court Commissioner		
			(Statewide Jurisdiction)		•	
Multi-County			County of			
□ City of Ukiah						
3. Type of Statement (Cr	book at least one box)					
			Lacying Officer Deta	. I o#	1 1	
X Annual: The period cove December 31, 2	red is January 1, 2023, through 023.		_	Check or	// ne circle.)	
-or- The period cove	red is/	through		ed is Janua	ary 1, 2023, through the date	
December 31, 2			of leaving office.			
Assuming Office: Date assumed/			The period covered is/, through the date of leaving office.			
Candidate: Date of Elect	tion and	office sought, if di	ifferent than Part 1:			
1. Schedule Summary (r	required) > Total	tal number of	pages including this	covor n	200:	
Schedules attached	oquilou) P 701	iai iiuiiibei oi į	pages including tins	cover pe	<u> </u>	
Schedule A-1 - Investr	ments – schedule attached	□ Sc	hedule C - Income, Loans,	& Busines	ss Positions – schedule attached	
	ments – schedule attached		hedule D - Income - Gifts			
Schedule B - Real Pro	pperty - schedule attached	☐ Sc	hedule E - Income - Gifts	– Travel P	ayments - schedule attached	
-or- 🗵 None - No report	table interests on any sch	edule				
5. Verification						
MAILING ADDRESS ST (Business or Agency Address Recomm	TREET nended - Public Document)	CITY	S	STATE	ZIP CODE	
( <del></del>		Ukiah		CA	95482	
DAYTIME TELEPHONE NUMBER		EMA	AIL ADDRESS		_	
	gence in preparing this statement nedules is true and complete. I			est of my k	nowledge the information contained	
I certify under penalty of per	rjury under the laws of the Sta	ate of California t	hat the foregoing is true a	ind correc	et.	
Date Signed 01/02/	/2024 09:54 AM	Signa	ture Sa	age L Sa	angiacomo	
	(month, day, year)			riginally signed paper statement with your filing official.)		