

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

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1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY OF ELK GROVE

Division, Board, Department, District, if applicable
GIS

Your Position
GIS SYSTEM ADMINISTRATOR

► 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, 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, 2023, through December 31, 2023.

-or-
The period covered is _____, through December 31, 2023.

Assuming Office: Date assumed _____

Candidate: Date of Election _____ and office sought, if different than Part 1: _____

Leaving Office: Date Left _____ (Check one circle.)

The period covered is January 1, 2023, through the date of leaving office.

-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

-or- **None - No reportable interests on any schedule**

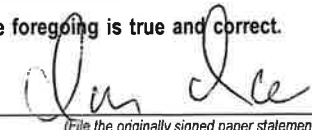
5. Verification

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) 627-3292	iice@elkgrovecity.org			

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 1/11/2024
(month, day, year)

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