

## STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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NAME OF FILER (LAST)	(FIRST)		(MIDDLE	
Paulin	Matt			
1. Office, Agency, or Cou	rt			
Agency Name (Do not use acr	onyms)			
City of Elk Grove				
Division, Board, Department, Di	strict, if applicable		Your Position	
			-	
			Treasurer	<del>-</del>
▶ If filing for multiple positions,	, list below or on an attachment. (	(Do not use acı	ronyms)	
Agency			Position:	
Agency.			FOSILIOI1.	
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	
ズ City of Elk Grove		=======================================	Other	
Zi City of Elik Orove				
3. Type of Statement (ch	eck at least one box)			
Annual: The period cover December 31, 20	•		Leaving Office: Date Left (Check	c one circle.)
-or- The period cover December 31, 20	ed is/, 123.	through	The period covered is Ja of leaving office.	anuary 1, 2023, through the date
Assuming Office: Date a	ssumed	==	••	, through .
Candidate: Date of Election	on and off	ice sought if di	ifferent than Part 1:	27
4. Schedule Summary (re	equired) ► Total	number of	pages including this cover	page: 1
Schedules attached				-
Schedule A-1 - Investm	nents – schedule attached	┌─┐ Sc	hedule C - Income, Loans, & Bus	iness Positions - schedule attached
			hedule D - Income - Gifts - sche	
Schedule A-2 - Investments – schedule attached  Schedule B - Real Property – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached				
conceans b mount for	Total Calabilos	ب		
-or- ⊠ None - No reports	able interests on anv schedu	ıle		
5. Verification			To the state of th	
	REET	CITY	STATE	ZIP CODE
(Business or Agency Address Recomme	·			0.7770 0045
8401 Laguna Palms Wa	ay Fl 1	Elk Grove		95758-8045
DAYTIME TELEPHONE NUMBER		EMA	AIL ADDRESS	
( 916 ) 478-2286				
	ence in preparing this statement. I edules is true and complete. I ack			y knowledge the information contained
I certify under penalty of perj	ury under the laws of the State	of California tl	hat the foregoing is true and cor	rrect.
Date Signed 01/10/2	2024 09:09 AM	Signa	ture Ma	tt Paulin
	oth day wear	Olgila	10.0	er statement with your filing official )