

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received

CITY CLERK'S OFFICE MAR 18 2020 PM03:07

Please type or print in ink.

A PUBLIC DOCUMENT

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Press	Michael	
I. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Elk Grove Police Department		
Division, Board, Department, District, if ap	pplicable	Your Position
		Lieutenant
► If filing for multiple positions, list below	or on an attachment. (Do not u	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
— Elk Grove		Other
3. Type of Statement (Check at lea	est one box)	
Annual: The period covered is January December 31, 2019.		Leaving Office: Date Left/
The period covered is December 31, 2019.		 The period covered is January 1, 2019, 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 sough	nt, if different than Part 1:
I. Schedule Summary (must co	mnlete) > Total numbe	er of pages including this cover page:
Schedules attached	implete, Piotal numbe	in or pages including this cover page
Schedule A-1 - Investments - sch	nedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments – sch	nedule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - sch	nedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-Or- ☑ None - No reportable inte	rests on anv schedule	
5. Verification	,	
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Publi	•	e CA 95758
8400 Laguna Palms Way	Elk Grove	EMAIL ADDRESS
(916)478-8030		mpress@elkgrovepd.org
	eparing this statement. I have revi	iewed this statement and to the best of my knowledge the information contained
herein and in any attached schedules is t	rue and complete. I acknowledge	e this is a public document.
I certify under penalty of perjury under	the laws of the State of Califo	ornia that the foregoing is true and correct.
Date Signed March 13, 2020		Signature /// V
(month, day, year)		(File the originally signed paper statement with your filing official.)