

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

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NAME OF FILER (LAST) (FIRST)		(MIDDLE)			
ALBRIGHT	TIMOTHY		CLARK		
1. Office, Agency, or Court					
Agency Name (Do not use acronyms) CITY OF ELK GROVE					
Division, Board, Department, District, if applicable		Your Position			
POLICE DEPARTMENT		CHIEF	CHIEF OF POLICE		
▶ If filing for multiple positions, list below	or on an attachment. (Do not ι	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					
3. Type of Statement (Check at leas	st one box)				
Annual: The period covered is Janua December 31, 2021.		Leavin	g Office: Date Left		
The period covered is December 31, 2021 .	, through	A Committee	period covered is January ving office.	, 1, 2021 , through the date of	
Assuming Office: Date assumed		☐ The	period covered isdate of leaving office.	, through	
Candidate: Date of Election	and office soug	ht, if different than F	Part 1:		
4. Schedule Summary (must cor	mplete) ► Total numbe	er of pages incl	uding this cover pag	re:	
Schedules attached	,	., ., , ., ., ., ., ., ., ., ., ., ., .,	, ,		
Schedule A-1 - Investments – sch	edule attached	Schedule C - /	ncome, Loans, & Business	Positions - schedule attached	
Schedule A-2 - Investments – sch	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 inter	ests on anv schedule				
5. Verification	, , , , , , , , , , , , , , , , , , ,				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY		STATE	ZIP CODE	
8401 LAGUNA PALMS WAY		GROVE	CA	95758	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
(916) 478-8042					
I have used all reasonable diligence in pre herein and in any attached schedules is to	rue and complete. I acknowledg	ge this is a public de	ocument.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
Date Signed 3 Z 4 Z62- (month, day, year)	.7	Signature	(File the originally signed paper state	ement with your filing official.)	