

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

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NAN	IE OF FILER (LAST)	(FIRST)	(MIDDLE) JAVIER
	Office, Agency, or Court		POLICE DEPARTMENT
	Agency Name (Do not use acronyms		_
	Pro (ICE Division, Board, Department, District,	f applicable	Your Position
			<u> </u>
	► If filing for multiple positions, list be	0.000	
	Agency: ELK b/Love	Polací Dif	PORTMEN Position: POLICE LIEUTENANT
2.	Jurisdiction of Office (Chec	k at least one box)	
	State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
	Multi-County City of CUC		County of
_	City of EUC Gr	2016	Other
3.	Type of Statement (Check at	least one box)	
	Annual: The period covered is December 31, 2021.	anuary 1, 2021, through	Leaving Office: Date Left//(Check one circle.)
	The period covered is . December 31, 2021.	, thr	ough The period covered is January 1, 2021, through the date of leaving office.
	Assuming Office: Date assume	d/	The period covered is/, through the date of leaving office.
	Candidate: Date of Election	and office	sought, if different than Part 1:
4. Schedule Summary (must complete) ► Total number of pages including this cover page:			
	Schedules attached		Schedule C - Income, Loans, & Business Positions – schedule attached
	Schedule A-1 - Investments - Schedule A-2 - Investments -		Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property -		Schedule E - Income - Gifts - Travel Payments - schedule attached
-0	or-X None - No reportable i	nterests on any schedule	
5.	Verification 6/00 (A600)	Acms way e	ick brox 01. 95758
	MAILING ADDRESS STREET (Business or Agency Address Recommended -	Public Document)	STATE ZIP CODE
	DAYTIME TELEPHONE NUMBER	- 5115	CVIMARELK 60.00600000
	()		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information of 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 0 / 20 (month, day,) 0 J J	Signature (File the originally signed paper statement with your filing official.)