## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

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

A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

CITY CLERK'S OFFICE MAR 17 2023 PM05:02

Please type or print in ink.				MHR 172023 PM05:02	
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)		,	
Aguilar	Luis		Gabriel		
1. Office, Agency, or Court	h <sub>o</sub>				
Agency Name (Do not use acronyms) City of Elk Grove	4				
Division, Board, Department, District, if applicable		Your Position			
Office of Economic Development		Economic Development Specialist			
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)					
Agency:		Positio	n;	(a)	
2. Jurisdiction of Office (Check	at least one box)			——————————————————————————————————————	
State	State		<ul> <li>Judge, Retired Judge, Pro Tem Judge; or Court Commissioner (Statewide Jurisdiction)</li> </ul>		
Multi-County		_ Count	County of		
City of Elk Grove		Other			
3. Type of Statement (Check at I	east one box)				
Annual: The period covered is Ja December 31, 2022.		Leav	ring Office: Date Left (Check one		
The period covered is	, through		he period covered is January eaving office.	1, 2022, through the date of	
Assuming Office: Date assumed		T	he period covered is/_ne date of leaving office.	, through	
Candidate: Date of Election	and office soug	ht, if different that	n Part 1:		
4. Schedule Summary (require	ed) ► Total numbe	er of pages in	cluding this cover pag	e: 1	
Schedules attached	29	or pages	ora and our or pag		
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 secondolo in	toronto on one achadula		111		
-or- None - No reportable in 5. Verification	lerests on any schedule				
MAILING ADDRESS STREET	CITY		STATE	ZIP CODE	
(Business or Agency Address Recommended - Pt 8401 Laguna Palms Way		Grove	CA ®	95758	
DAYTIME TELEPHONE NUMBER	Linco	EMAIL ADDRESS		*	
(916 ) 627-3212		laguilar@	elkgrovecity.org		
I have used all reasonable diligence in herein and in any attached schedules in	oreparing this statement. I have restrue and complete. I acknowledge	viewed this statem ge this is a public	nent and to the best of my kno document.	wledge the information contained	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
Date Signed 3/17/2023	(8	Signature	A		
(month, day, ye	ear)		(File the originally signed paper states	ment with your filing official.)	