

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

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Ple	ease type or print in ink.		TO ZOZO HMIO.A	
NAM	ME OF FILER (LAST)	(FIRST)	(MIDDLE)	
FI	lores	David		
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)		p.	
	City of Elk grove			
	Division, Board, Department, District, if	applicable	Your Position	
	Police department		Senior IT Analyst	
	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)			
	Agency:		Position:	
1. 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		Other	
_	T t Ot. t		-	
3.	Type of Statement (Check at It	·		
	Annual: The period covered is Ja December 31, 2022.	nuary 1, 2022, through	Leaving Office: Date Left//(Check one circle.)	
	-OF-	, through	☐ The period covered is January 1, 2022, through the date of	
	December 31, 2022 .	,g.	leaving office.	
	Assuming Office: Date assumed		☐ The period covered is/, through the date of leaving office.	
	Candidate: Date of Election	and office souç	ht, if different than Part 1:	
4.	Schedule Summary (required) ► Total number of pages including this cover page:			
	Schedules attached			
	Schedule A-1 - Investments – s	chedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached	
	Schedule A-2 - Investments – s	chedule attached	Schedule D - Income - Gifts - schedule attached	
	Schedule B - Real Property - s	chedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached	
_	Or- None - No reportable in	erests on any schedule		
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Pu	CITY blic Document)	STATE ZIP CODE	
	8400 Laguna Palms Way	Elk (Grove CA 95758	
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
	(916) 627-3457		dflores@elkgrovepd.org	
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.			
	I certify under penalty of perjury und	er the laws of the State of Calif	ornia that the foregoing is true and correct.	
	Date Signed 01-10-2023		Signature Nava G Flores	
	(month, day, ye	ar)	(File the originally signed paper statement with your filing official.)	