

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

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Ple	ase type or print in ink.					
NAME OF FILER (LAST) (FIRST)			(MIDDLE)			
FI	ores	David		СапіІю		
1.	Office, Agency, or Court					
	Agency Name (Do not use acronym City of Elk Grove	is)				
	Division, Board, Department, District,	if applicable	Y	our Position		
	Elk Grove Police Departme	nt	73	Senior IT Analyst		
	If filing for multiple positions, list below or on an attachment. (Do not use acronyms)					
	Agency:			Position:		
	Jurisdiction of Office (Che	ck at least one box)				
	State			Judge, Retired Judge, Pro Tem J (Statewide Jurisdiction)	udge, or Court Commissioner	
	Multi-County			County of		
	City of Elk Grove			Other		
3.	Type of Statement (Check a	et least one box)				
	Annual: The period covered is December 31, 2023.			Leaving Office: Date Left(Check on		
	The period covered is December 31, 2023.		_, through	The period covered is Janua of leaving office.	ary 1, 2023, through the date	
	Assuming Office: Date assum	ed/		The period covered is the date of leaving office.	, through	
	Candidate: Date of Election and office sought, if different than Part 1:					
4. Schedule Summary (required) ► Total number of pages including this cover page:						
	Schedules attached	lou, Piota	i ilullibei oi pay	es including this cover pa	ge.	
Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Position					s Positions - schedule attached	
	Schedule A-2 - Investments		Schedule D - Income - Gifts - schedule attached			
	Schedule B - Real Property	Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached				
-or- None - No reportable interests on any schedule						
ວ.	Verification MAILING ADDRESS STREET		CITY	STATE	ZIP CODE	
	(Business or Agency Address Recommended	· Public Document)	OII I			
	8400 Laguna Palms Way		Elk Grove	Ca	95758	
	DAYTIME TELEPHONE NUMBER		EMAIL AT			
	916) 627-3457 dflores@elkgrovepd.org have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained					
	erein and in any attached schedules is true and complete. I acknowledge this is a public document.					
	l certify under penalty of perjury u	ertify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
	Date Signed 01-17-2024		Signature		Digitally signed by David Flores Date: 2024.01.17 10:04:04 -08'00'	
	(month, da	y, year)		(File the originally signed paper sta	dement with your filing official.)	