

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received

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Please type or print in ink.					
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)		
Killingsworth	Kyra		O'Malley		
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)			·	
City of Elk Grove					
Division, Board, Department, District,	f applicable	Your Posit	ion		
Planning Division		Senior	Senior Planner		
► If filing for multiple positions, list be	elow or on an attachment. (Do n	ot use acronyms)			
Agency:		Position:			
2. Jurisdiction of Office (Chec	k 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	locat one boy				
Annual: The period covered is December 31, 2023.		Leaving	g Office: Date Left (Check one		
-or- The period covered is December 31, 2023.	, throu		e period covered is January eaving office.	1, 2023, through the date	
Assuming Office: Date assume	d	☐ The	period covered is/. date of leaving office.	through	
Candidate: Date of Election	and office so	ought, if different than F	Part 1;		
4. Schedule Summary (requi	ed) ► Total nun	ber of pages incl	uding this cover pag	e: 1	
Schedules attached					
Schedule A-1 - Investments -	schedule attached	Schedule C - In	ncome, 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 - Ir	icome – Gifts – Travel Pay	ments - schedule attached	
-or- None - No reportable i	nterests on any schedule				
5. Verification					
MAILING ADDRESS STREET (Business or Agency Address Recommended -	CIT Public Document)	Υ	STATE	ZIP CODE	
8401 Laguna Palms Way	Elk	Grove	CA	95757	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
(916) 478-3684		kkillingswort	h@elkgrovecity.org		
l have used all reasonable diligence in herein and in any attached schedules				wledge the information contained	
I certify under penalty of perjury u	nder the laws of the State of Ca	alifornia that the foreg	oing is true age gorrect.	T.	
Date Signed 2/12/2024		Signature	Mercon		
(month, day,	year)		File the originally signed paper stater	ment with your filing official.)	