

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

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Ple	ease type or print in ink.					
NAME OF FILER (LAST)		(FIRST)		(MIDDLE)		
Р	ress	Michael				
1.	Office, Agency, or Court					
	Agency Name (Do not use acronyms)					
	City of Elk Grove					
	Division, Board, Department, District, if applicable		Your Position			
	Police Department		Captain			
	▶ If filing for multiple positions, list below or on an	_				
	Agency:		Position:			
_	luriodiction of Office (OL-1-11-11-11	. E				
Z.	Jurisdiction of Office (Check at least one	e box)	4.6			
	State		Judge, Retired J (Statewide Juriso	-	dge, or Court Commissioner	
	Multi-County		County of			
	City of Elk Grove					
_						
3.	Type of Statement (Check at least one bo	x)				
	Annual: The period covered is January 1, 202 December 31, 2023.	23, through	Leaving Office	: Date Left (Check one	Jcircle.)	
	-or- The period covered is/ December 31, 2023.	through	The period of leaving of		y 1, 2023, through the date	
	Assuming Office: Date assumed/	7/200	-or-		, through	
	Assuming Office. Date assumed		the date of leaving office.			
	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					je: (
	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 reportable interests on any schedule						
5.	Verification					
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE	
	8400 Laguna Palms Way	Elk Grov	/e	CA	95758	
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
	(916) 478-8030		mpress@elkgrove	pd.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 conherein and in any attached schedules is true and complete. I acknowledge this is a public 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 January 10, 2024 Signature						
	(month day year)		(File the on	iginally signed paper state	ment with your filing official.)	