CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

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NAME OF FILER (LAST)		(FIRST)		(MIDDLE)	
N	laisuria	Vijaykumar		Dhowlatt	ohai
1.	Office, Agency, or Court				
	Agency Name (Do not use acronyms)				
	City of Elk Grove				
	Division, Board, Department, District, if application	able	Your Position		
	Finance Department		Financial A	Analyst I	
	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)				
	Agency:		Position:		<u> </u>
- 2.	Jurisdiction of Office (Check at least one box)				
	State		Judge, Retire (Statewide Ju		dge, or Court Commissioner
	Multi-County		County of		
	City of Flk Grove				
_	Tune of Statement (Check at least a	no havi			
J.	Type of Statement (Check at least of		M Leaving Of	fice: Date Left 📙 💍	104,2024
	Annual: The period covered is January December 31, 2023.	1, 2023, trilough	Leaving Of	(Check one	
	-or- The period covered is	/ through	☐ The peri	od covered is January	1, 2023, through the date
	December 31, 2023.	, tillough	of leavin	g office.	_
	Assuming Office: Date assumed	<u> </u>	The peri	od covered is/. of leaving office.	01 2024 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: 1				
٠.	Schedules attached				
Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Bus					Positions – schedule attached
	Schedule A-2 - Investments - schedu		Schedule D - Incom	e – Gifts – schedule a	attached
	Schedule B - Real Property - schedu		Schedule E - Incom	e – Gifts – Travel Pay	ments - schedule attached
					10
-or- None - No reportable interests on any schedule					
5. Verification					
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Door	CITY		STATE	ZIP CODE
	8401 Laguna Palms Way	Elk Gr	rove	CA	95758
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
	(916) 691-2489				
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the informatherein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					wledge the information contained
					M -
	Date Signed 10/1/202	<u>.</u> Y	Signature	ho original Mark	med with your filing afficial 1