

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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| NAME OF FILER (LAST)   | (FIRST)  | (MIDDLE)   |
| ARCHER   | KELLY  | Α  |
| 1. Office, Agency, or Court  |  |  |
| Agency Name (Do not use acronyn  | is)  |  |
| CITY OF ELK GROVE  |  |  |
| Division, Board, Department, District                                      | , if applicable  | Your Position  |
| POLICE DEPARTMEN   | T/SUPPORT SERVICE  | S DISPATCH SUPERVISOR  |
| ► If filing for multiple positions, list                                   | below or on an attachment. (Do not   | use acronyms)  |
| y in ming for manipro products, not  | ,  | , ,  |
| Agency:  |  | Position:  |
|  |  |  |
| 2. Jurisdiction of Office (Che   | ck 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  |
| 3. Type of Statement (Check  | at least one hox)  |  |
| •                                    |  | Leaving Office: Date Left/   |
| Annual: The period covered is December 31, 2024.                           | January 1, 2024, ullough   | (Check one circle below.)  |
| -or-   | s, throug  | h The period covered is January 1, 2024, through the date of   |
| December 31, 2024.   | , unoug  | leaving office.  |
| Assuming Office: Date assur  | ned  | ☐ The period covered is/, through  |
| Probability of the cooking   |  | the date of leaving office.  |
| Candidate: Date of Election  | and office sou   | ght, if different than Part 1:   |
| 4 Cabadula Cummany (vanu   | inad\ T.(.)  | for the state of t |
| 4. Schedule Summary (requ  | ireu) > lotal numb   | per of pages including this cover page:  |
| Schedules attached   |  |  |
| 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)            |  | STATE ZIP CODE   |
| 8400 LAGUNA PALMS WA   | ,  | Grove CA 95758   |
| DAYTIME TELEPHONE NUMBER   |  | EMAIL ADDRESS  |
| (916 ) 478-8100  |  | KARCHER@ELKGROVEPD.ORG   |
| I have used all reasonable diligence<br>herein and in any attached schedul | in preparing this statement. I have rees is true and complete. I acknowled | eviewed this statement and to the best of my knowledge the information contained dge this is a public document.  |
| I certify under penalty of perjury   | under the laws of the State of Cali  | ifornia that the foregoing is true and correct.  |
|  |  | 1  |
| Date Signed 01/17/2025   |  | Signature Xelly  |
| (month, d  | ay, year)  | (File the originally(s)gned paper statement with your filing official.)  |