

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

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Please type or print in ink.	—— <i>i</i> .			TES VO ZVZJ PNOH, HU	
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)		
Flores	David		Carrillo		
1. Office, Agency, or Court					
Agency Name (Do not use acronyms) City of Elk Grove)				
Division, Board, Department, District, i	f applicable	Your Position			
Police Department		Senior IT Ar	Senior IT Analyst		
▶ If filing for multiple positions, list be	elow or on an attachment. (Do not	t use acronyms)			
Agency:		Position;			
2. Jurisdiction of Office (Check	k at least one box)			,	
State		Judge, Retired Judge, (Statewide Jurisdic		dge, or Court Commissioner	
Multi-County		County of			
City of Elk Grove					
3. Type of Statement (Check at	least one box)			1	
Annual: The period covered is 3 December 31, 2024.	anuary 1, 2024, through	Leaving Office:	Date Left(Check one circ	JI cle below.)	
-or- The period covered is _ December 31, 2024.	, throug	The period co		1, 2024, through the date of	
Assuming Office: Date assume	d	The period co		, through	
Candidate: Date of Election	and office sou	ight, if different than Part 1:			
4. Schedule Summary (requir	ed) ► Total numi	ber of pages including th	his cover pag	re: \	
Schedules attached					
Schedule A-1 - Investments -	schedule attached	Schedule C - Income, Lo	ans, & 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					
Schedule B - Real Property –	schedule attached	Schedule E - Income - G	iifts – Travel Pay	ments – schedule attached	
-or- √ None - No reportable i	nterests on any schedule				
5. Verification	norodia on uniy demodule				
MAILING ADDRESS STREET	CITY		STATE	ZIP CODE	
(Business or Agency Address Recommended - I 8401 Laguna Palms Way	,	Grove	CA	95758	
DAYTIME TELEPHONE NUMBER	Lik	EMAIL ADDRESS	0,1	-	
(916) 627-3457		dflores@elkgrovepd.org	<u> </u>		
I have used all reasonable diligence in herein and in any attached schedules			e best of my kno	wledge the information contained	
I certify under penalty of perjury ur	der the laws of the State of Cali	ifornia that the foregoing is tr	ue and correct/	/	
Date Signed 2-4-2025		Signature / www	119-10	eu,	
(month, day,	year)	(File the origi	nally signed paper statel	ment with your filing official.)	