

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

09-JANUARY-2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
FLYNN GABRIELLE MICHELLE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

ELK GROVE POLICE DEPARTMENT

Division, Board, Department, District, if applicable

PROFESSIONAL STANDARDS BUREAU

Your Position

MANAGEMENT ANALYST

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check 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 box)

- Annual: The period covered is January 1, 2024, through December 31, 2024. Leaving Office: Date Left ____/____/_____
(Check one circle below.)
- or- The period covered is ____/____/_____, through December 31, 2024. The period covered is January 1, 2024, through the date of leaving office.
- Assuming Office: Date assumed ____/____/_____. -or- The period covered is ____/____/_____, through 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: 1

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 CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
8400 LAGUNA PALMS WAY ELK GROVE CA 95758
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(916) 627-3745 GFLYNN@ELKGROVEPD.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 contained herein 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.

Date Signed 01-09-2025
(month, day, year)

Signature Gabrielle Flynn
(File the originally signed paper statement with your filing official.)

Digitally signed by Gabrielle Flynn
Date: 2025.01.09 08:08:01 -08'00'