

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink. (FIRST) (MIDDLE) NAME OF FILER (LAST) **Press** 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 attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) Multi-County County of City of Elk Grove 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2024, through Leaving Office: Date Left \_\_\_\_/\_\_\_ (Check one circle below.) December 31, 2024. The period covered is January 1, 2024, through the date of The period covered is \_\_\_\_/\_\_\_\_, through leaving office. December 31, 2024. The period covered is \_\_\_\_\_/\_\_\_, through Assuming Office: Date assumed \_\_\_\_\_/\_\_\_/\_ the date of leaving office. \_\_\_\_\_ and office sought, if different than Part 1:\_\_\_ Candidate: Date of Election 4. Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached Or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STATE ZIP CODE STREET CITY (Business or Agency Address Recommended - Public Document) CA 95758 8401 Laguna Palms Way Elk Grove DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (916 ) 478-8030 mpress@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 sorre Signature **Date Signed** (File the originally signed paper statement with your filing official.)