

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**  
*A PUBLIC DOCUMENT*

Date Initial Filing Received  
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NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Aguilar Luis Gabriel

**1. Office, Agency, or Court**

Agency Name *(Do not use acronyms)*  
City of Elk Grove

Division, Board, Department, District, if applicable Your Position  
Office of Economic Development Economic Development Specialist

► 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, 2020, through December 31, 2020.  
-or- The period covered is \_\_\_\_\_, through December 31, 2020.
- Assuming Office:** Date assumed \_\_\_\_\_
- Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_\_  
*(Check one circle.)*
- The period covered is January 1, 2020, through the date of leaving office.
- or- The period covered is \_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1**

**Schedules attached**

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – 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)*  
8401 Laguna Palms Way Elk Grove CA 95758

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 916 ) 627-3212 laguilar@elkgrovecity.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 3/26/2021  
*(month, day, year)*

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