

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

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Please type or print in ink.				
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Kumar-	Aishwarya		S	
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
City of Elk Grove				
Division, Board, Department, District, if ap	plicable	Your Position		
City Manager's Office		Manageme	nt Analyst	
► If filing for multiple positions, list below	or on an attachment. (Do not us	se acronyms)		8
Agency:		Position:		<u>_</u>
0				
2. Jurisdiction of Office (Check at	least one box)	_		
☐ State		Judge, Retired (Statewide Juri	•	lge, or Court Commissioner
Multi-County		County of	(0)	
City of Elk Grove		Other		
0. 7				
3. Type of Statement (Check at lea				
Annual: The period covered is January December 31, 2022.	uary 1, 2022, through	Leaving Office	ce: Date Left Check one)	//
-01-		☐ The period	,	1, 2022, through the date of
The period covered is December 31, 2022 .	/, through	leaving of		i, 2022, allough the date of
Assuming Office: Date assumed _	1 1	-or- ☐ The period	d covered is/	, through
Assuming Office. Date assumed _	the date of leaving office.			
Candidate: Date of Election	and office sough	t, if different than Part 1:		
4. Schedule Summary (required	> Total number	r of pages including	this cover pag	re: 1
Schedules attached		, ,		
Schedule A-1 - Investments – sc	hedule attached	Schedule C - Income	, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments – sc	Г	Schedule D - Income	- Gifts - schedule a	attached
Schedule B - Real Property – sc		Schedule E - Income	– Gifts – Travel Pay	ments - schedule attached
-or- None - No reportable inte	rests on any schedule			
5. Verification				
MAILING ADDRESS STREET	CITY		STATE	ZIP CODE
(Business or Agency Address Recommended - Public	*		CA	05759
8401 Laguna Palms Way DAYTIME TELEPHONE NUMBER	Elk Gi	FOVE EMAIL ADDRESS	CA	95758
(916) 627-3321		akumar@elkgrov	ecity ora	
I have used all reasonable diligence in pro	 eparing this statement. I have revi-			wledge the information contained
herein and in any attached schedules is				-
I certify under penalty of perjury unde	r the laws of the State of Califor	rnia that the foregoing i	s true and correct.	
		\triangle	lumon	
Date Signed 01/11/2023		Signature (File the	originally signed paper state	mont with your filing official 1