

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Elmore	Ryan	Dale

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Elk Grove Police Department

Division, Board, Department, District, if applicable
Operations Division

Your Position
Captain

► 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)*

<input type="checkbox"/> State	<input type="checkbox"/> Judge, Retired Judge, Pro Tem Judge, or Court Commissioner <i>(Statewide Jurisdiction)</i>
<input type="checkbox"/> Multi-County _____	<input type="checkbox"/> County of _____
<input checked="" type="checkbox"/> City of Elk Grove	<input type="checkbox"/> Other _____

3. Type of Statement *(Check at least one box)*

<input checked="" type="checkbox"/> Annual: The period covered is January 1, 2020, through December 31, 2020.	<input type="checkbox"/> Leaving Office: Date Left ____/____/____ <i>(Check one circle.)</i>
-or- The period covered is ____/____/____, through December 31, 2020.	<input type="checkbox"/> The period covered is January 1, 2020, through the date of leaving office.
<input checked="" type="checkbox"/> Assuming Office: Date assumed <u>7 / 4 / 2021</u>	-or- <input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office.
<input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____	

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

Schedules attached

<input type="checkbox"/> Schedule A-1 - Investments – schedule attached	<input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached
<input type="checkbox"/> Schedule A-2 - Investments – schedule attached	<input type="checkbox"/> Schedule D - Income – Gifts – schedule attached
<input type="checkbox"/> Schedule B - Real Property – schedule attached	<input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached

-or- **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
8400 Laguna Palms Way		Elk Grove	CA	95758
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(916) 478-8070		relmore@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 7/7/2021 (month, day, year)

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