

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received
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03/07/2023

Please type	or print in ink.								
NAME OF FILER (LAST)		(FIRST)	(MIDDLE)						
Laurence		Kristyn	Noel						
1. Office,	Agency, or Court								
	lame (Do not use acronyms) Elk Grove								
Division,	Board, Department, District, if applicat	le	Your Position						
City Ma	anager's Office		Public Affairs Manager						
► If filing	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)								
Agency:	ency: Position:								
2. Jurisdiction of Office (Check at least one box)									
State	State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) 						
Multi-	County		County of						
	Elk Grove		Other						
3 Type (of Statement (Check at least on	o hov)							
	ual: The period covered is January 1 December 31, 2022.		Leaving Office: Date Left/						
-	The period covered is/_ December 31, 2022 .	, through	The period covered is January 1, 2022 , through the date of leaving office.						
Assı	uming Office: Date assumed		☐ The period covered is/, through the date of leaving office.						
Can	Candidate: Date of Election and office sought, if different than Part 1:								
4. Sched	ule Summary (required)	► Total numb	er of pages including this cover page: 2						
Sched	ules attached		, c						
S	chedule A-1 - Investments – schedule	attached	Schedule C - Income, Loans, & Business Positions - schedule attached						
Schedule A-2 - Investments – schedule attached									
s	chedule B - Real Property - schedule	attached	Schedule E - Income - Gifts - Travel Payments - schedule attached						
-or- None - No reportable interests on any schedule									
5. Verifica									
MAILING A (Business o	DDRESS STREET or Agency Address Recommended - Public Docu	CITY nent)	STATE ZIP CODE						
	∟aguna Palms Way	Elk (Grove CA 95758						
	TELEPHONE NUMBER		EMAIL ADDRESS						
	(916) 478-2206 klaurence@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	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.								
Date Sig	ned 03/07/2023		Signature Kristyn Laurence Date: 2023.03.07 14:44:59 -08'00'						
Date org	(month, day, year)		(File the originally signed paper statement with your filing official.)						

SCHEDULE D Income - Gifts



Name

Kristyn Laurence

► NAME OF SOURCE Explore Elk Gro			► NAME OF SOURCE	▶ NAME OF SOURCE (Not an Acronym)			
ADDRESS (Business A	•	•	ADDRESS (Business Address Acceptable)				
BUSINESS ACTIVITY Tourism/Market		IRCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE				
DATE (mm/dd/yy) V	/ALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		
	150.00	Event Tickets (2)		\$			
/\$	3			\$			
/\$	<u>; </u>			\$			
► NAME OF SOURCE	(Not an Acronym)		► NAME OF SOURCE	NAME OF SOURCE (Not an Acronym)			
ADDRESS (Business)	Address Acceptable	9)	ADDRESS (Business	ADDRESS (Business Address Acceptable)			
BUSINESS ACTIVITY	, IF ANY, OF SOU	IRCE	BUSINESS ACTIVIT	TY, IF ANY, OF SOI	JRCE		
DATE (mm/dd/yy) V	/ALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		
/\$	3		/	\$			
/\$	3		/	\$			
\$	<u> </u>			\$			
► NAME OF SOURCE	(Not an Acronym)		► NAME OF SOURCE	E (Not an Acronym)			
ADDRESS (Business)	Address Acceptable	9)	ADDRESS (Business	ADDRESS (Business Address Acceptable)			
BUSINESS ACTIVITY	, IF ANY, OF SOU	RCE	BUSINESS ACTIVIT	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
DATE (mm/dd/yy) V		DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)		DESCRIPTION OF GIFT(S)		
/\$	3			\$			
/\$	3		/	\$			
/\$	3			\$			
Comments:							