

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)	(MIDDLE	
Taylor	Kimberly	Jill	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Elk Grove		2	
Division, Board, Department, District, if applicable		Your Position	
Public Works, Recycling and Waste Division		Recycling and Waste Division Manager	
► If filing for multiple positions, list bel	ow or on an attachment. (Do not	use acronyms)	
Agency:		Position:	R
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			
and only of			
3. Type of Statement (Check at	least one box)		
Annual: The period covered is Japanese 31, 2022.	anuary 1, 2022, through	Leaving Office: Date Left _ (Check	one circle.)
The period covered is	, through	leaving office.	nuary 1, 2022, through the date of
Assuming Office: Date assumed	05 , 08 , 2023	-or- ☐ The period covered is — the date of leaving office.	
Candidate: Date of Election	and office sour	ht, if different than Part 1:	
	freis		
4. Schedule Summary (require	∍d) ► Total numbe	er of pages including this cover	page: 1
Schedules attached			
Schedule A-1 - Investments -	schedule attached	Schedule C - Income, Loans, & Busi	ness Positions - schedule attached
Schedule A-2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule attached	
Schedule B - Real Property -		Schedule E - Income - Gifts - Trave	l Payments - schedule attached
-or- None - No reportable in	iterests on any schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Pr	·		05750
8401 Laguna Palms Way DAYTIME TELEPHONE NUMBER	Elk G	Grove CA	95758
(916) 627-3440		The rest of the Control of the Contr	
	preparing this statement. I have re-	ktaylor@elkgrovecity.org viewed this statement and to the best of m	v knowledge the information contained
herein and in any attached schedules	is true and complete. I acknowledge	ge this is a public document.	
i certify under penalty of perjury uni	aer the laws of the State of Califo	ornia that the foregoing is true and cor	rect.
Date Signed June 5, 2023		Signature Signature	
(month, day, y	ear)	(File the priginally argned paper	er statement with your filing official.)