STATEMENT OF ECONOMIC INTERESTS COVER PAGE A PUBLIC DOCUMENT

04-MARCH-2024

Please type or print in	ink.					
NAME OF FILER (LAST)	(FIRST)			(MIDDLE)		
Tapia	Rosa			Maria		
1. Office, Agency	<i>r</i> , or Court					
Agency Name (Do City of Elk Gro	- ,					
Division, Board, De	partment, District, if applicable	,	Your Position			
Development	Services		Management A	Analyst		
► If filing for multip	► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)					
Agency:			Position:			
2. Jurisdiction of	f Office (Check at least one box)					
State			Judge, Retired Jud (Statewide Jurisdict		ge, or Court Commissioner	
Multi-County			County of			
City of Elk G	rove		Other			
3. Type of State	ment (Check at least one box)					
Dece	period covered is January 1, 2023, through mber 31, 2023.		Leaving Office:	Date Left	// circle.)	
	period covered is///mber 31, 2023.	, through	The period co of leaving offic -or-		1, 2023, through the date	
Assuming Off	ice: Date assumed///		The period control the date of lea		, through	
Candidate: D	ate of Election and off	fice sought, if differ	ent than Part 1:			
4. Schedule Sur Schedules a		number of pag	ges including th	iis cover pag	e: <u>1</u>	
Schedule A	Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached					
Schedule A	-2 - Investments - schedule attached	Scheo	Schedule D - Income – Gifts – schedule attached			
Schedule E	Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached					
-or- 🛛 None -	No reportable interests on any schedu	ule				
5. Verification						
MAILING ADDRESS (Business or Agency Ag	STREET dress Recommended - Public Document)	CITY		STATE	ZIP CODE	
8401 Laguna	Palms Way	Elk Grove	DDRESS	CA	95758	
(916)687.	3022	rtapi	a@elkgrovecity	.org		
	onable diligence in preparing this statement. I attached schedules is true and complete. I ac	have reviewed this	statement and to the		wledge the information contained	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.						
Date Signed 3/4	/2024 (month, day, year)	Signature	Rosa Tapia	Da	jitally signed by Rosa Tapia te: 2024.03.04 14:56:56 -08'00' nent with your filing official.)	
	(p no the origin			