

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

RECEIVED  
03-30-2026

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Howard Nora

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of Elk Grove  
Division, Board, Department, District, if applicable  
Public Works Department  
Your Position  
Management Analyst II

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

State  Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of Elk Grove  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2025, through December 31, 2025.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2025.  
 Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 Leaving Office: Date Left 04 / 03 / 2026  
(Check one circle below.)  
 The period covered is January 1, 2025, through the date of leaving office.  
-or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

4. Schedule Summary (required)

Total number of pages including this cover page: 1

Schedules attached

Schedule A-1 - Investments - schedule attached  Schedule C - Income, Loans, & Business Positions - schedule attached  
 Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached  
 Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  
 Attachment 700-P - Prospective Employment (87200 Filers Only) - schedule attached

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
10250 Iron Rock Way Elk Grove CA 95624  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 916 ) 687-3088 mrsnorahoward@gmail.com

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 March 30, 2026  
(month, day, year)

Signature  Date: 2026.03.30 08:40:23 -07'00'  
(File the originally signed paper statement with your filing official.)