

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

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NAME OF FILER (LAST) Killingsworth (FIRST) Kyra (MIDDLE) A O

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Elk Grove
 Division, Board, Department, District, if applicable Planning Division
 Your Position Senior Planner

► 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)

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

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

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

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

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

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
8401 Laguna Palms Way Elk Grove CA 95758
 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(916) 478-3084 killingsworth@elkgrove.gov

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 3/26/2024
(month, day, year)

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