

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Killebrew	Michael	Α.	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms) City of Dana Point		a a	
Division, Board, Department, District, if ap	plicable	Your Position	
City Manager		City Manager	
▶ If filing for multiple positions, list below	or on an attachment. (Do not u	use acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at	least one box)		
State		<ul> <li>Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)</li> </ul>	
Multi-County		County of	
City of Dana Point		Other	
3. Type of Statement (Check at lea.			
December 31, 2023.  Assuming Office: Date assumed	and office sough  Total number  medule attached nedule attached	Leaving Office: Date Left (Check one  The period covered is January of leaving office.  Or- The period covered is the date of leaving office.  Int, if different than Part 1: the following office.  Schedule C - Income, Loans, & Business Schedule D - Income - Gifts - schedule as Schedule E - Income - Gifts - Travel Pay	circle.)  y 1, 2023, through the date
-or- ■ None - No reportable inter	rests on any schedule		CONTROL CONTRO
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public	c Document)		
33282 Golden Lantern  DAYTIME TELEPHONE NUMBER	Dana	Point CA	92629
(949 ) 248-3500		mkillebrew@danapoint.org	
		riewed this statement and to the best of my know	owledge the information contain
		ornia that the foregoing is true and correct.  Signature	Ellebre