CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

COVER PAGE

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| Agency: Agency: Position: Position: December 31, 2019. Position of office (Check at least one box) Position: Ounty ge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of Other December 31, 2019. OThe period covered is January 1, 2019, through December 31, 2019. The period covered is | r rease typ | e or print in this | | | | | | |
|--|---|--|--------------------|--|--|--|--|--|
| 1. Office, Agency, or Court Agency Name (Do not use ecronyms) City of Elk Grove Division, Board, Department, District, if applicable Your Position Community Events & Special Projects Coordinato If illing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency. Position: Audige, Relined Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-Countly | NAME OF FILER (LAST) | | (FIRST) | • | | | | |
| Agency Name (Do not use acronyms) City of Elik Grove Division, Board, Department, District, if applicable **Vour Position** Community Events & Special Projects Coordinato **If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: Position: Position: Agency: Division, Board, Department, District, if applicable Position: Position: Position: Position: Position: Position: Caunty of Ca | Moreno | | Jodie | Michelle | | | | |
| City of Elk Grove Division, Board, Department, District, if applicable Your Position Community Events & Special Projects Coordinato If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: Position: Judge, Resired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) State | 1. Office | , Agency, or Court | | | | | | |
| Division, Board, Department, District, if applicable Your Position Community Events & Special Projects Coordinato | Agency | Name (Do not use acronyms) | - | | | | | |
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| Billing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: | Division | , Board, Department, District, if applicable | | Your Position | | | | |
| Agency: | | | | Community Events & Special Projects Coordinator | | | | |
| 2. Jurisdiction of Office (Check at least one box) State | ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) | | | | | | | |
| State | Agency | r | | Position: | | | | |
| Multi-County County of | 2. Juris | diction of Office (Check at least one bo | | | | | | |
| Schedule A-1 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule B - Income - Gifts - Travel Payments - schedule attached Schedule B - Income - Gifts - Travel Payments - schedule attached Schedule B - Income - Gifts - | ☐ Stat | te | | | | | | |
| 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2019, through | ☐ Mul | ti-County | | County of | | | | |
| Annual: The period covered is January 1, 2019, through December 31, 2019. The period covered is | ⊠ City | of Elk Grove | | Other | | | | |
| December 31, 2019. (Check one circle.) The period covered is | 3. Type | of Statement (Check at least one box) | | | | | | |
| The period covered is | ⊠ Ar | December 31, 2019. | nrough | | | | | |
| the date of leaving office. Candidate: Date of Election and office sought, if different than Part 1: | | The period covered is/ | , through | The period covered is January 1, 2019, through the date of leaving office. -or- | | | | |
| 4. Schedule Summary (must complete) ➤ Total number of pages including this cover page: | ☐ As | suming Office: Date assumed | | ○ The period covered is/ through | | | | |
| Schedule A-1 - Investments - 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 -Or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS (Business or Agency Address Recommended - Public Document) 8401 Laguna Palms Way Elk Grove DAYTIME TELEPHONE NUMBER (916) 478-3632 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contain 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. Signature Schedule C - Income, Loens, & Business Positions - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - Schedule attached | ☐ Ca | Indidate: Date of Election | and office sought, | if different than Part 1: | | | | |
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| Schedule B · Real Property – 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) 8401 Laguna Palms Way Elk Grove Ca 95758 DAYTIME TELEPHONE NUMBER (916) 478-3632 [EMAIL ADDRESS] I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contain 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. Signature Signature | | | | J . | | | | |
| -Or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE | | • | ,_ | | | | | |
| 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 8401 Laguna Palms Way Elk Grove Ca 95758 DAYTIME TELEPHONE NUMBER (916) 478-3632 EMAIL ADDRESS Imoreno@elkgrovecity.org 1 have used all reasonable diligence in preparing this statement. 1 have reviewed this statement and to the best of my knowledge the information contain herein and in any attached schedules is true and complete. I acknowledge this is a public document. 1 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 2-3-2020 Signature Way State S | | | _ | • | | | | |
| MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 8401 Laguna Palms Way Elk Grove Ca 95758 DAYTIME TELEPHONE NUMBER (916) 478-3632 EMAIL ADDRESS Imoreno@elkgrovecity.org 1 have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contain 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 2-3-2020 Signature Way State St | -or- 🗀 | None - No reportable interests on any | schedule | | | | | |
| B401 Laguna Palms Way Elk Grove Ca 95758 DAYTIME TELEPHONE NUMBER (916) 478-3632 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contain 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 2-3-2020 Signature | 5. Verifi | cation | | | | | | |
| B401 Laguna Palms Way Elk Grove Ca 95758 DAYTIME TELEPHONE NUMBER (916) 478-3632 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contain 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 2-3-2020 Signature | MAILING | ADDRESS STREET | CITY | STATE ZIP CODE | | | | |
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| Date Signed 2-3-2020 Signature Signature | herein and in any attached schedules is true and complete. I acknowledge this is a public document. | | | | | | | |
| Date Signed 2-3-2020 Signature (Fagite ongnally signed paper statement with your Eling official) | | | | | | | | |
| (month, day, year) (File the ongonally signed paper statement with your Eling official) | Date S | igned 2-3-2020 | s | ignature Lade M, m | | | | |
| | | (month, day, year) | <u>_</u> | · · · · · · · · · · · · · · · · · · · | | | | |

SCHEDULE D Income - Gifts

Jodie Moreno

| NAME OF SOURCE | E (Not an Acron | ym) | ► NAME OF SOURCE | E (Not an Acron | nym) | |
|------------------|------------------|----------------------------|---------------------------------------|-----------------|------------------------|--|
| ADDRESS (Busines | • | • | ADDRESS (Business Address Acceptable) | | | |
| 2800 L Street, | , 7th Floor, S | Sacramento, Ca | | | | |
| BUSINESS ACTIVI | TY, IF ANY, OF | SOURCE | BUSINESS ACTIVIT | TY, IF ANY, OF | SOURCE | |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | |
| 11 , 10 , 19 | \$175 \$ | tickets/parking for Disney | | \$ | | |
| , , | _ | on icc | | _ | | |
| | 3 | | | 5 | | |
| | s | | | \$ | | |
| NAME OF SOURCE | E (Not an Acron | γm) | NAME OF SOURCE | E (Not an Acron | nym) | |
| ADDRESS (Busines | ss Address Accep | otebie) | ADDRESS (Business Address Acceptable) | | | |
| BUSINESS ACTIVI | TY, IF ANY, OF | SOURCE | BUSINESS ACTIVI | TY, IF ANY, OF | SOURCE | |
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| NAME OF SOURCE | E (Not an Acron | ym) | NAME OF SOURCE | E (Not an Acror | nym) | |
| ADDRESS (Busines | ss Address Accep | olable) | ADDRESS (Busines | s Address Acce | plabie) | |
| BUSINESS ACTIVI | TY, IF ANY, OF | SOURCE | BUSINESS ACTIVI | TY, IF ANY, OF | SOURCE | |
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| Comments: | - | | | | | |