

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAME OF FILER (LAST)	(FIRST)		(MIDDLE)		
Montalvo	Mandi		С		
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)					
Elk Grove Police Department	t				
Division, Board, Department, District, if applicable		Your Position			
Support Services Division		Communications Bureau Manager			
▶ If filing for multiple positions, list be	low or on an attachment. (Do no	t use acronyms)		<del></del>	
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			
V Ch. of Ell. O					
2 Type of Statement (Check of	least are boyl				
3. Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2020, through		Leaving Office: Date Left/(Check one circle.)			
December 31, <b>2020</b> .		. The ner	•	1, <b>2020</b> , through the date of	
The period covered is _ December 31, <b>2020</b> .	, through	gn leaving	-	1, 2020, unough the date of	
Assuming Office: Date assumed 01 / 03 / 2021		☐ The per	The period covered is/, through the date of leaving office.		
Candidate: Date of Election	and office so	ught, if different than Part	1;		
4. Schedule Summary (must Schedules attached	complete) ► Total num			·	
Schedule A-1 - Investments -				Positions – schedule attached	
Schedule A-2 - Investments -			ne – Gifts – schedule a	ments – schedule attached	
Schedule B - Real Property –	schedule attached	Scriedule E - Incom	ie – Gilis – Travel Fay	ments – schedule attached	
- <b>or-</b> ⊠ <b>None</b> - No reportable ii	nterests on any schedule				
5. Verification	nordal on any constant				
MAILING ADDRESS STREET	CITY		STATE	ZIP CODE	
(Business or Agency Address Recommended - F		Crava	CA	95758	
8400 Laguna Palms Wy	EIK	Grove EMAIL ADDRESS	CA	95756	
(916 ) 487-8000		mmontalvo@el	karovend ora		
I have used all reasonable diligence in herein and in any attached schedules	preparing this statement. I have is true and complete. I acknowle	reviewed this statement an	d to the best of my kno	wledge the information contained	
l certify under penalty of perjury un					
Date Signed 01/07/2021		Signature V///	nd, MM	tr.0119	
Date Signed 01/07/2021 (month, day)	vear)	Signature ///	the originally signed paper stater	rient with your filing official.)	