

13-FEBRUARY-2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
HUDSON JAMIE DARRELL

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
ELK GROVE POLICE DEPARTMENT  
Division, Board, Department, District, if applicable POLICE DEPARTMENT  
Your Position REAL-TIME INFORMATION CENTER MANAGER

► 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  Judge, 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, 2023, through December 31, 2023.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2023.  
 Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 Leaving Office: Date Left 02 / 16 / 2024 (Check one circle.)  
 The period covered is January 1, 2023, through the date of leaving office.  
-or-  The period covered is 01 / 01 / 2024, 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

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
8400 LAGUNA PALMS WAY ELK GROVE CA 95758  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 916 ) 478-8188 JHUDSON@ELKGROVEPD.ORG

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 02-13-2024  
(month, day, year)

Signature Jamie Hudson  
(File the originally signed paper statement with your filing official.)

Digitally signed by Jamie Hudson  
Date: 2024.02.13 10:52:45 -08'00'