

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

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NAME OF FILER (LAST) MOEDE (FIRST) STEVEN (MIDDLE) RUBEN

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms) CITY OF ELK GROVE  
 Division, Board, Department, District, if applicable \_\_\_\_\_ Your Position SENIOR INFORMATION SYSTEMS

► 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.
  - Leaving Office:** Date Left 12/5/2024  
(Check one circle.)
  - Assuming Office:** Date assumed \_\_\_\_\_
  - Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- or-  
 The period covered is January 1, 2023, through the date of leaving office.  
 The period covered is 1/1/2024 through the date of leaving office.

**4. Schedule Summary (required)**

► Total number of pages including this cover page: \_\_\_\_\_

**Schedules attached**

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – 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)  
8401 LAGUNA PALMS WAY ELK GROVE CA 95758  
 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
 ( ) N/A N/A

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 12/21/2024  
(month, day, year)

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