

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
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Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)	(MIDDLE	E)
SIMONE	JOSEPH	ANT	HONY
1. Office, Agency, or Court			
Agency Name (Do not use acronyms) CITY OF ELK GROVE			
Division, Board, Department, District, if applicable		Your Position	
FINANCE DEPARTMENT		PURCHASING AND CONTRACTS 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 lease	et one hox)		
Annual: The period covered is January 1, 2023, through December 31, 2023.		Leaving Office: Date Left//	
-or- The period covered is December 31, 2023.	_/, through	☐ The period covered is Ja of leaving office.	anuary 1, 2023, through the date
Assuming Office: Date assumed/		The period covered is 01 / 01 / 2024, through the date of leaving office.	
Candidate: Date of Election and office sought, if different than Part 1:			
4. Schedule Summary (required) ► Total number of pages including this cover page: 1			
Schedules attached	i lotal namosi	or pages moraling and cover	
Schedule A-1 - Investments – sch	edule attached	Schedule C - Income, Loans, & Bus	iness Positions – schedule attached
Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached			dule attached
Schedule B - Real Property – sch	Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached		
-or- X None - No reportable inter	ests on any schedule		
5. Verification MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public			
8401 LAGUNA PALMS WAY DAYTIME TELEPHONE NUMBER	ELK G	IROVE CA	95758
			TV ODO
(916) 478-3606 JSIMONE@ELKGROVECITY.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 12/14/2024	٩	ignature Joseph A. Simone	Digitally signed by Joseph A. Simone Date: 2024.12.17 14:54:29 -08'00'
(month, day, year)			per statement with your filing official.)