

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

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Please type or print in ink.				JHN 09 2025 PM01:5	
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)			
Lange	Nathaniel				
. Office, Agency, or Court					
Agency Name (Do not use acronyms)					
City of Elk Grove					
Division, Board, Department, District, if	applicable	Your Position			
Police Department		Lieutena	Lieutenant		
▶ If filing for multiple positions, list belo	ow or on an attachment. (Do not u	ise acronyms)			
Agency:		Position:			
. 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 Flk Grove					
B. Type of Statement (Check at I	east one box)				
Annual: The period covered is January 1, 2024, through December 31, 2024.		Leaving Of	Leaving Office: Date Left/(Check one circle below.)		
-or- The period covered is December 31, 2024.		The perileaving of the corrections of the correctio		1, 2024, through the date of	
Assuming Office: Date assumed/		The per	The period covered is/, through the date of leaving office.		
Candidate: Date of Election	and office sough	ht, if different than Part	1.=		
. Schedule Summary (require	d) ► Total numbe	er of pages includi	ng this cover pag	e:	
Schedules attached				/:	
Schedule A-1 - Investments – s	Schedule C - Incom	Schedule C - Income, Loans, & Business Positions - schedule attached			
Schedule A-2 - Investments - schedule attached		Schedule D - Incom	Schedule D - Income - Gifts - schedule attached		
Schedule B - Real Property - s	chedule attached	Schedule E - Incom	e – Gifts – Travel Pay	ments - schedule attached	
or Cal Name No secretable in	tarrata an any ashadula				
-or-	erests on any schedule				
MAILING ADDRESS STREET	CITY		STATE	ZIP CODE	
(Business or Agency Address Recommended - Pu			0-	05750	
8400 Laguna Palms Way	Elk G	FMAIL ADDRESS	Са	95758	
(916) 478-8080			d ara		
I have used all reasonable diligence in pherein and in any attached schedules is			d to the best of my kno	wledge the information containe	
I certify under penalty of perjury und					
D (0) 1 04/09/2025	*/	a	1. V	e:	
Date Signed 01/08/2025	or!	Signature	the originally signed paper state.	ment with your filing official.)	