

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

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Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Magdaleno	Joshua	Manuel	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			-
Elk Grove Police Departmer	nt		
Division, Board, Department, District, if appli	icable	Your Position	
Community Resources Bure	au	Lieutenant	
► If filing for multiple positions, list below o	r on an attachment. (Do no	use acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at le	east one box)		
State	[8]	<ul><li>Judge, Retired Judge, Pro Tem Judge, (Statewide Jurisdiction)</li></ul>	or Court Commissioner
Multi-County		County of	
City of Flk Grove		Other	
3. Type of Statement (Check at least	one box)		
Annual: The period covered is Januar December 31, 2024.		Leaving Office: Date Left/(Check one circle	
-or- The period covered is December 31, 2024.	J, throug	h	2024, through the date of
Assuming Office: Date assumed		The period covered is/ the date of leaving office.	, through
Candidate: Date of Election	and office sou	ght, if different than Part 1:	
4. Schedule Summary (required)	► Total numi	per of pages including this cover page:	1
Schedules attached	► Iotai numi	per or pages including this cover page.	
Schedule A-1 - Investments – sched	dule attached	Schedule C - Income, Loans, & Business Pos	sitions - schedule attached
Schedule A-2 - Investments - sched		Schedule D - Income - Gifts - schedule attac	ched
Schedule B - Real Property – sched		Schedule E - Income - Gifts - Travel Payme	nts - schedule attached
-or- 🗸 None - No reportable intere	sts on any schedule		2
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public D	CITY	STATE	ZIP CODE
8400 Laguna Palms Way	-	Grove CA	95758
DAYTIME TELEPHONE NUMBER	Lik	EMAIL ADDRESS	00700
(916 ) 627-3717		jmagdaleno@elkgrovepd.org	
		eviewed this statement and to the best of my knowledge this is a public document.	dge the information contained
I certify under penalty of perjury under the	he laws of the State of Cal	fornia that the foregoing is true and correct.	M
Date Signed 01/08/2025 (month, day, year)		Signature	with your filing official.)