

COVER PAGE

A PUBLIC DOCUMENT

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
DAGUMAN JOSEPH N

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY OF ELK GROVE
Division, Board, Department, District, if applicable Your Position
DEVELOPMENT SERVICES - PLANNING ASSISTANT PLANNER

► 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, 2019, through December 31, 2019. **Leaving Office:** Date Left ____/____/____ (Check one circle.)
-or- The period covered is ____/____/____, through ____/____/____. The period covered is January 1, 2019, through the date of leaving office.
 Assuming Office: Date assumed ____/____/____. -or- The period covered is ____/____/____, through the date of leaving office.
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 4

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**

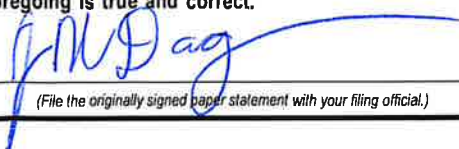
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
8401 LAGUNA PALMS WAY ELK GROVE CA 95758
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(916) 478-2283 JDAGUMAN@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 3/18/2020
(month, day, year)

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