

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

Date Initial Filing Received
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Castro Christina O

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Elk Grove
Division, Board, Department, District, if applicable Your Position
Public Works Capital Program Division 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 least one box)

- Annual:** The period covered is January 1, 2023, through December 31, 2023. **Leaving Office:** Date Left _____ (Check one circle.)
- Assuming Office:** Date assumed _____ The period covered is January 1, 2023, through the date of leaving office.
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____ The period covered is _____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

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 Springs Drive Elk Grove CA 95758
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(916) 627-3339 ccastro@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 3/22/2024
(month, day, year)

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

**SCHEDULE D
 Income – Gifts**

Name
 Christina Castro

▶ NAME OF SOURCE (Not an Acronym)
 Bennett Engineering Services

ADDRESS (Business Address Acceptable)
 1082 Sunrise Ave, Suite 100, Roseville, CA 95661

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Civil Engineering Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 8 / 23	\$ 90	APWA Golf Tournament
	\$	
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

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ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments: _____