CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE CIT

A PUBLIC DOCUMENT

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HI	JDSON	JAMIE					
1. (Office, Agency, or Cour	t					
	Agency Name (Do not use acronyms)						
	CITY OF ELK GROVE						
	Division, Board, Department, District, if applicable		Your Position				
- 1	POLICE DEPARTMENT		REAL-TIME INFORMATION CENTER 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 Multi-County		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of				
	City of ELK GROVE			Other			
-	Type of Statement (Check at least one box)						
J.	Annual: The period covered is January 1, 2023, through Leaving Office: Date Left						
	December 31, 2023.		(Check one circle.)				
	-or- The period covered December 31, 202	d is/	., through		The period covered is January of leaving office.	y 1, 2023, through the date	
	Assuming Office: Date assumed/		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 (re	nedule Summary (required) Total number of pages including this cover page: 1					
	Schedules attached						
Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – s						Positions – schedule attached	
Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached					attached		
	Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule att						
-or- 🔳 None - No reportable interests on any schedule							
5.	Verification						
	MAILING ADDRESS STR (Business or Agency Address Recommer	EET ded - Public Document)	CITY		STATE	ZIP CODE	
	8400 LAGUNA PALMS	WAY	ELK G		CA	95758	
	DAYTIME TELEPHONE NUMBER			EMAIL ADDRESS			
	916) 478-8188 JHUDSON@ELKGROVEPD.ORG have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained.						
	erein and in any attached schedules is true and complete. I acknowledge this is a public document.						
	I certify under penalty of perju	certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
	Date Signed JANUARY 10), 2024 (h, day, year)	Si	gnature	YFile the originally signed paper state	ment with your filing official.)	
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