FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

10-JANUARY-2024

Please type or print in ink.		
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Montalvo	Mandi	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms) Elk Grove Police Department		
Division, Board, Department, District, if	applicable	Your Position
Support Services Division		Communications Bureau Manager
► If filing for multiple positions, list bel	ow or on an attachment. (Do no	ot 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)	(aast ono box)	
Annual: The period covered is Ja December 31, 2023.	,	Leaving Office: Date Left/// (Check one circle.)
-or- The period covered is December 31, 2023.	/, through	Igh The period covered is January 1, 2023, through the date of leaving office.
Assuming Office: Date assumed	//	The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office so	ught, if different than Part 1:
4. Schedule Summary (require	ed) ► Total num	ber of pages including this cover page: 1
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- 🗖 Nono No reportable in	toracta an any achadula	
-or- None - No reportable in 5. Verification	lerests on any schedule	
MAILING ADDRESS STREET	CITY	Y STATE ZIP CODE
(Business or Agency Address Recommended - Po	ublic Document)	
8400 Laguna Palms Wy	Elk	CA 95758
(916) 478-8051		
	prenaring this statement. I have	reviewed this statement and to the best of my knowledge the information contained
herein and in any attached schedules i	s true and complete. I acknowle	edge this is a public document.
I certify under penalty of perjury une	ler the laws of the State of Ca	lifornia that the foregoing is true and correct.
Date Signed 1/10/2024		Signature Mandi Montalvo
(month, day, y	əar)	(File the originally signed paper statement with your filing official.)