

01-APRIL-2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Gallardo Jose Emmanuel

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Elk Grove
Division, Board, Department, District, if applicable
Public Works
Your Position
Traffic Management Center Supervisor
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.
-or- The period covered is _____, through December 31, 2023.
Assuming Office: Date assumed _____
Candidate: Date of Election _____ and office sought, if different than Part 1: _____
Leaving Office: Date Left _____ (Check one circle.)
The period covered is January 1, 2023, through the date of leaving office.
-or- The period covered is _____, through the date of leaving office.

4. Schedule Summary (required)

Total number of pages including this cover page: 1

Schedules attached

Schedule A-1 - Investments - schedule attached
Schedule A-2 - Investments - schedule attached
Schedule B - Real Property - schedule attached
Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule D - Income - Gifts - 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) 478-3654 jgallardo@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 04/01/2024
(month, day, year)

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

Digitally signed by Jose E. Gallardo
Date: 2024.04.01 08:20:24 -07'00'