

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

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NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**MOEDE STEVEN R**

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
**CITY OF ELK GROVE**

Division, Board, Department, District, if applicable Your Position  
**POLICE DEPARTMENT SENIOR IT ANALYST**

► 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 \_\_\_\_\_  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.)
- or-** The period covered is \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, through December 31, 2023.  The period covered is January 1, 2023, 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 (required)**

► Total number of pages including this cover page: \_\_\_\_\_

**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)  
**8400 LAGUNA PALMS WAY ELK GROVE CA 95758**

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
**( 916 ) 627-3455 SMOEDE@ELKGROVEPD.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 **1/19/2024**  
(month, day, year)

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