

CITY CLERK'S OFFICE  
FEB 27 2024 PM 03:14

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Moreno	Jodie	M

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

Agency Name (Do not use acronyms)  
City of Elk Grove  
Division, Board, Department, District, if applicable  
Your Position  
Public Affairs  
Community Events Program 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)**

<input type="checkbox"/> State	<input type="checkbox"/> Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
<input type="checkbox"/> Multi-County _____	<input type="checkbox"/> County of _____
<input checked="" type="checkbox"/> City of Elk Grove	<input type="checkbox"/> Other _____

**3. Type of Statement (Check at least one box)**

<input checked="" type="checkbox"/> <b>Annual:</b> The period covered is January 1, 2023, through December 31, 2023.	<input type="checkbox"/> <b>Leaving Office:</b> Date Left _____ (Check one circle.)
<b>-or-</b>	<input type="checkbox"/> The period covered is January 1, 2023, through the date of leaving office.
The period covered is _____, through December 31, 2023.	<b>-or-</b>
<input type="checkbox"/> <b>Assuming Office:</b> Date assumed _____	<input type="checkbox"/> The period covered is _____, through the date of leaving office.
<input type="checkbox"/> <b>Candidate:</b> Date of Election _____ and office sought, if different than Part 1: _____	

**4. Schedule Summary (required)**

► Total number of pages including this cover page: 2

**Schedules attached**

<input type="checkbox"/> <b>Schedule A-1 - Investments</b> – schedule attached	<input type="checkbox"/> <b>Schedule C - Income, Loans, &amp; Business Positions</b> – schedule attached
<input type="checkbox"/> <b>Schedule A-2 - Investments</b> – schedule attached	<input checked="" type="checkbox"/> <b>Schedule D - Income – Gifts</b> – schedule attached
<input type="checkbox"/> <b>Schedule B - Real Property</b> – schedule attached	<input type="checkbox"/> <b>Schedule E - Income – Gifts – Travel Payments</b> – schedule attached

**-or-**  **None - No reportable interests on any schedule**

**5. Verification**

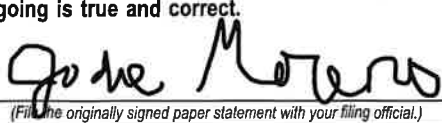
MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
8401 Laguna Palms Way	Elk Grove	CA	95758	

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(916 ) 478-3632	jmoreno@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 2-21-24  
*(month, day, year)*

Signature   
*(Fill in the originally signed paper statement with your filing official.)*

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE *(Not an Acronym)*  
**Beers in Sac**

ADDRESS *(Business Address Acceptable)*  
**5401 Warehouse Way, Sacramento**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 22 23	120	tickets to event
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**Explore Elk Grove**

ADDRESS *(Business Address Acceptable)*  
**9401 East Stockton Blvd. Elk Grove, Ca 95758**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 19 23	60	ticket to event
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ 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)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ 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: \_\_\_\_\_