

16-APRIL-2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Jose Gomez R.

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

Senior Civil Engineer

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Elk Grove

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, 2024, through December 31, 2024.

Leaving Office: Date Left 4 / 18 / 2025 (Check one circle below.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2024.

The period covered is January 1, 2024, through the date of leaving office.

-or-

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 (required)

► Total number of pages including this cover page: 2

Schedules attached

Schedule A-1 - Investments – schedule attached

X 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)  
8401 Laguna Palms Way Elk Grove CA 95758

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 916 ) 627-3646 jgomez@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 4/16/2025 (month, day, year)

Signature Jose R. Gomez Digitally signed by Jose R. Gomez Date: 2025.04.16 15:42:54 -07'00' (File the originally signed paper statement with your filing official.)

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

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Name

**GOMEZ, JOSE**

▶ 1. INCOME RECEIVED
▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME  
City of Elk Grove

ADDRESS *(Business Address Acceptable)*  
8401 Laguna Palms Way Elk Grove CA 95758

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

YOUR BUSINESS POSITION  
Senior Civil Engineer

GROSS INCOME RECEIVED     No Income - Business Position Only

\$500 - \$1,000                       \$1,001 - \$10,000

\$10,001 - \$100,000               OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary     Spouse's or registered domestic partner's income  
*(For self-employed use Schedule A-2.)*

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
*(Real property, car, boat, etc.)*

Loan repayment

Commission or     Rental Income, list each source of \$10,000 or more

\_\_\_\_\_ *(Describe)*

Other \_\_\_\_\_  
*(Describe)*

NAME OF SOURCE OF INCOME  
UC Davis Medical Center

ADDRESS *(Business Address Acceptable)*  
4301 X St, Sacramento, CA 95817

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

YOUR BUSINESS POSITION  
Registered Nurse

GROSS INCOME RECEIVED     No Income - Business Position Only

\$500 - \$1,000                       \$1,001 - \$10,000

\$10,001 - \$100,000               OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary     Spouse's or registered domestic partner's income  
*(For self-employed use Schedule A-2.)*

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
*(Real property, car, boat, etc.)*

Loan repayment

Commission or     Rental Income, list each source of \$10,000 or more

\_\_\_\_\_ *(Describe)*

Other \_\_\_\_\_  
*(Describe)*

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS *(Business Address Acceptable)* \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000

\$1,001 - \$10,000

\$10,001 - \$100,000

OVER \$100,000

INTEREST RATE                      TERM (Months/Years)

\_\_\_\_\_ %     None                      \_\_\_\_\_

SECURITY FOR LOAN

None                       Personal residence

Real Property \_\_\_\_\_  
*Street address*

\_\_\_\_\_ *City*

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
*(Describe)*

Comments: \_\_\_\_\_