CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only
17-MARCH-2025

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Ramirez	Justin	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Elk Grove

Division, Board, Department, District, if applicable
Information Services

Your Position
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 Elk Grove
- ☐ Other _____

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

☐ **Annual:** The period covered is January 1, 2024, through December 31, 2024.

-or-

The period covered is ____/____/____, through December 31, 2024.

☐ **Assuming Office:** Date assumed ____/____/____

☒ **Leaving Office:** Date Left 03 / 28 / 2025
(Check one circle below.)

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

-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:*** 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 (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
8401 Laguna Palms Way	Elk Grove	CA	95758

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(916) 478-8005	jmramirez@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 03/17/2025 *(month, day, year)*

Signature Justin Ramirez Digitally signed by Justin Ramirez Date: 2025.03.17 06:54:11 -07'00' *(File the originally signed paper statement with your filing official.)*