

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

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NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Fagan Colin Megley

**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

Tree and Open Space Coordinator

► 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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle below.)
- or-** The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2025.  The period covered is January 1, 2025, through the date of leaving office.
- Assuming Office:** Date assumed 02/23/2026 **-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 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
- Attachment 700-P - Prospective Employment (87200 Filers Only)** - schedule attached

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

**5. Verification**

MAILING ADDRESS 10250 Iron Rock Way, Elk Grove, CA 95624  
STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER (916) 687-3038 EMAIL ADDRESS cfagan@elkgrove.gov

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 3/2/2026  
(month, day, year)

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