STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

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Filed Date: 01/02/2025 01:05 PM SAN: 091300036-STH-0036

Please type or print in ink.			SAN: 091300036-STH-0036
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Costan	Emilie		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
South Placer Municipal Utility Di	strict		
Division, Board, Department, District, if applicable		Your Position	
		Administrative S	Services Manager
► If filing for multiple positions, list below	or on an attachment. (Do not		
Δαρηρικ		Desition	
Agency:		POSIUOII	
2. Jurisdiction of Office (Check at)	east one box)		
State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner	
		(Statewide Jurisdiction	
Multi-County		County of	
City of		X Other District	
3. Type of Statement (Check at leas			
Annual: The period covered is Janua		Leaving Office: D	bate Left/
December 31, 202 4.		-	(Check one circle below.)
The period covered is December 31, 202 4.	_/, throug	n O The period cov leaving office. -or-	ered is January 1, 202 4, through the date of
Assuming Office: Date assumed	//	•••	ered is//, through /ing office.
Candidate: Date of Election	and office sou	ght, if different than Part 1:	
4. Schedule Summary (required)	► Total numb	er of pages including thi	s cover page: 1
Schedules attached			
Schedule A-1 - Investments - sche	edule attached	Schedule C - Income, Loan	ns, & Business Positions – schedule attached
Schedule A-2 - Investments – schedule attached			fts – schedule attached
Schedule B - Real Property – sche	edule attached	Schedule E - Income - Git	fts – Travel Payments – schedule attached
-or- X None - No reportable intere	ests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY Document)		STATE ZIP CODE
5807 Springview Drive	Roc		CA 95677
		EMAIL ADDRESS	
(916) 786-8555	paring this statement. I have a	viewed this statement and to the	hast of my knowledge the information contained
herein and in any attached schedules is tr			best of my knowledge the information contained
I certify under penalty of perjury under	the laws of the State of Cali	ornia that the foregoing is true	e and correct.
Date Signed 01/02/2025 01:	05 PM	Signature	Emilie Costan
(month, day, year)			Ily signed paper statement with your filing official.)