

**COVER PAGE**

**A PUBLIC DOCUMENT**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**Fields Rollend L**

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

Agency Name (Do not use acronyms)

**City of Elk Grove**

Division, Board, Department, District, if applicable

**Animal Services**

Your Position

**Supervisor**

► 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
- Multi-County \_\_\_\_\_
- City of **Elk Grove**
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2019, through December 31, 2019.
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one circle.)
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2019.
- Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- The period covered is January 1, 2019, through the date of leaving office.
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► 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 STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

**8400 Laguna Palms Elk Grove CA 95758**

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( **916** ) **478-2290** **rfields@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   5/29/20    
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed paper statement with your filing official.)