

cover Page

A Public Document

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Please type or print in ink.

name of filer (laSt) (firSt) (middle)  
Scott Jeffrey Oliver

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Elk Grove

Division, board, Department, District, if applicable

Police Department

Your Position

Police Lieutenant

► 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, 2019, through December 31, 2019. -or- The period covered is \_\_\_\_\_, through December 31, 2019.
- Assuming Office: Date assumed \_\_\_\_\_
- Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one circle.)
  - 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: 3

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

-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 Way Elk Grove CA 95758  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
(916) 753-3406 joscott@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 3/17/20  
(month, day, year)

Signature [Handwritten Signature]  
(File the originally signed paper statement with your filing official.)

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# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

Name

Jeffrey Scott

▶ NAME OF BUSINESS ENTITY  
Bank of America

GENERAL DESCRIPTION OF THIS BUSINESS  
Financial

FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000

NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
                                   Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 19           /        / 19  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000

NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
                                   Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 19           /        / 19  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

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 \$100,001 - \$1,000,000     Over \$1,000,000

NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
                                   Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 19           /        / 19  
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▶ NAME OF BUSINESS ENTITY

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NATURE OF INVESTMENT  
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 Partnership     Income Received of \$0 - \$499  
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 Partnership     Income Received of \$0 - \$499  
                                   Income Received of \$500 or More (Report on Schedule C)

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       /        / 19           /        / 19  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000

NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
                                   Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 19           /        / 19  
ACQUIRED                      DISPOSED

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

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**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name

Jeffrey Scott

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
8631 Mystras Circle

CITY  
Elk Grove, CA 95624

FAIR MARKET vALuE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_ / \_\_\_\_ / **19**  
 \$10,001 - \$100,000      \_\_\_\_\_ / \_\_\_\_ / **19**  
 \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
 Over \$1,000,000

NATuRE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OvER \$100,000

SouRcES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET vALuE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_ / \_\_\_\_ / **19**  
 \$10,001 - \$100,000      \_\_\_\_\_ / \_\_\_\_ / **19**  
 \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
 Over \$1,000,000

NATuRE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OvER \$100,000

SouRcES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

\* You are not required to report loans from a commercial lending institution 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 \_\_\_\_\_

INTEREST RATE      TERM (Months/Years)  
 \_\_\_\_\_ %       None

HIGHEST BALANCE DuRING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OvER \$100,000  
 Guarantor, if applicable

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

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

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

INTEREST RATE      TERM (Months/Years)  
 \_\_\_\_\_ %       None

HIGHEST BALANCE DuRING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OvER \$100,000  
 Guarantor, if applicable

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

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