

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink.	334		THE LU EVEL (MYE)
NAME OF FILER (LAST) (FIRST)		(MIDDLE) Keith	
Schopf Brian			
I. Office, Agency, or Court			
Agency Name (Do not use acronyms,			
Elk Grove Police Departmen	t		
Division, Board, Department, District, if applicable		Your Position	
		Lieutenant	
▶ If filing for multiple positions, list be	elow or on an attachment. (Do not use	e acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check	at least one box)		
State		Judge, Retired Judge, Pro Tem Jud (Statewide Jurisdiction)	dge, or Court Commissioner
Multi-County		County of	
X City of Elk Grove		Other	
· · · · · · · · · · · · · · · · · · ·			
B. Type of Statement (Check at	least one box)		
X Annual: The period covered is 3 December 31, 2020.	anuary 1, 2020, through	Leaving Office: Date Left(Check one	
The period covered is _ December 31, 2020.	/, through	The period covered is January leaving office.	1, 2020, through the date of
Assuming Office: Date assume	d	The period covered is, through the date of leaving office.	
Candidate: Date of Election	and office sought,	if different than Part 1:	
. Schedule Summary (must	complete) ► Total number	of pages including this cover pag	re:
Schedules attached	, ,	, , ,	
=	ashadula attachad	Schedule C - Income, Loans, & Business	Positions – schedule attached
Concade A 1 miconionio Concado didenica		Schedule D - Income – Gifts – schedule attached	
-		Schedule E - Income - Gifts - Travel Pay	
Schedule B - Real Property –	scriedule attached	,	
- or- × None - No reportable ii	otoroete on any echadula		
. Verification	norosts on any sonodulo		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - F	Public Document)		
8400 Laguna Palms Way	Elk Gro		95758
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(916) 478-8089		bschopf@elkgrovepd.org	
I have used all reasonable diligence in herein and in any attached schedules		wed this statement and to the best of my kno this is a public document.	wledge the information containe
I certify under penalty of perjury un	der the laws of the State of Californ	nia that the foregoing is true and correct.	2.
Date Signed 01/17/2021	s	ignature 5-48	A
(month, day,	/ear)	(File the originally signed paper state)	ment with your filing official.)