

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink.		Service State of the Company of the
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Scott	Douglas	Alan
1. Office, Agency, or Cou	urt	
Agency Name (Do not use ac	ronyms)	
City of Elk Grove		
Division, Board, Department, District, if applicable		Your Position
Public Works		Fleet and Facilities Manager
▶ If filing for multiple positions	s, 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 (C	book at least one heat	
••		Leaving Office: Date Left/
December 31, 2	ered is January 1, 2021, through 2021.	(Check one circle.)
-or- The period cove December 31, 2	ered is/, throug 2021.	h The period covered is January 1, 2021, through the date of leaving office.
	assumed/	The period covered is/, through the date of leaving office.
Candidate: Date of Flec	tion and office sou	ght, if different than Part 1:
4. Schedule Summary (Schedules attached	must complete) 🕨 lotal numb	per of pages including this cover page: 1
Schedule A-1 - Investi	ments – 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 Pro	operty - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
•4		
	table interests on any schedule	
5. Verification MAILING ADDRESS S	TREET CITY	STATE ZIP CODE
(Business or Agency Address Recomm	nended - Public Document)	
8401 Laguna Palms W	/ay Elk	Grove CA 95758
DAYTIME TELEPHONE NUMBER (916) 627-3443		dscott@elkgrovecity.org
` '	conce in proparing this statement. I have re	eviewed this statement and to the best of my knowledge the information contained
herein and in any attached so	hedules is true and complete. I acknowled	dge this is a public document.
I certify under penalty of pe	rjury under the laws of the State of Cali	fornia that the foregoing is true and correct.
Date Signed Jan	uary 10, 2022	Signature / W/W
	nonth, day, year)	(File the originally signed paper statement with your filing official.)