CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION

Date Signed 1/26/2024

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received Filing Official Use Only CTY G ERKS DEFICE JAN 26 2024 AM 10:36

A PUBLIC DOCUMENT Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Solomon Paul Jerome 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Elk Grove Division, Board, Department, District, if applicable Your Position **Assistant Chief of Police** Elk Grove Police Department ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County = County of City of Elk Grove 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through Leaving Office: Date Left ____/_ (Check one circle.) December 31, 2023. -01-The period covered is January 1, 2023, through the date The period covered is _______ through of leaving office. December 31, 2023. __/_____ through Assuming Office: Date assumed _____/____ The period covered is ____ the date of leaving office. Candidate: Date of Election ______ and office sought, if different than Part 1;___ 4. Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments – schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached None - No reportable interests on any schedule or-5. Verification MAILING ADDRESS CITY STATE ZIP CODE STREET (Business or Agency Address Recommended - Public Document) 8400 Laguna Palms Way **ELk Grove** CA 95758 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (916) 639-6834 psolomon@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.

Signature Paul Solomon

Digitally signed by Paul Solomon

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

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. CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

Paul Solomon

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Home Depot	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Home Improvement	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other(Describe)	NATURE OF INVESTMENT Stock Other(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000 \$100,000 Over \$1,000,000	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	NATURE OF INVESTMENT Stock Other
(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ /23 / /23	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ /23 / /23	/ /23 / /23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
'	·

Comments: _