

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT**

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NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Solomon Paul Jerome

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

Agency Name (Do not use acronyms)

Elk Grove Police Department

Division, Board, Department, District, if applicable

Your Position

Police Captain

▶ 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, 2020, through December 31, 2020.
- or- The period covered is \_\_\_\_\_, through December 31, 2020.
- 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, 2020, through the date of leaving office.
- or-  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 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) 627-5954 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.

Date Signed 1/26/2021  
(month, day, year)

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