

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

Date Initial Filing Received
CITY OF ELK GROVE
MAR 27 2024 AM 08:13

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
WERNER **JEFFREY** **ROBERT**

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY OF ELK GROVE

Division, Board, Department, District, if applicable Your Position
PUBLIC WORKS **PUBLIC WORKS DIRECTOR**

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: **SACRAMENTO CENTRAL GROUNDWATER AUTHORITY** Position: **MEMBER, BOARD OF DIRECTORS**

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, 2023, through December 31, 2023.

Leaving Office: Date Left _____ (Check one circle.)

The period covered is January 1, 2023, through the date of leaving office.

Assuming Office: Date assumed _____ The period covered is _____, through 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: 2

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)

8401 LAGUNA PALMS WAY **ELK GROVE** **CA** **95758**

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(916) 478-2256 **JWERNER@ELKGROVECITY.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 **3/25/2024**
(month, day, year)

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

SCHEDULE D
Income – Gifts

Name
JEFFREY ROBERT WERNER

▶ NAME OF SOURCE (Not an Acronym)
BENNETT ENGINEERING SERVICES

ADDRESS (Business Address Acceptable)
1082 SUNRISE AVE, ROSEVILLE, CA 95661

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CONSULTING ENGINEERS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 14 24	150	CHARITY GOLF
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____