

COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) KENT (FIRST) Paul (MIDDLE) D

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Elk Grove

Division, Board, Department, District, if applicable

Police Department

Your Position

Lieutenant

► 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, 2019, through
 December 31, 2019.

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

-or-
 The period covered is ____/____/_____, through
 December 31, 2019.

The period covered is January 1, 2019, through the date of
 leaving office.

Assuming Office: Date assumed ____/____/_____
 -or-

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 (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 Wy

Elk Grove

Ca

95758

DAYTIME TELEPHONE NUMBER

(916) 627-3729

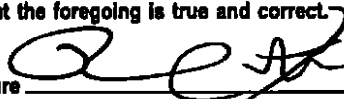
EMAIL ADDRESS

pkent@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 02/11/20
 (month, day, year)

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