

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

Date Initial Filing Received  
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**CITY CLERK'S OFFICE  
MAR 28 2023 AM 08:48**

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, 2022, through December 31, 2022.  **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- or-** The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2022.  The period covered is January 1, 2022, 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 (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) 478-3602 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 03/28/2023  
(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)  
**PSOMAS**

ADDRESS (Business Address Acceptable)  
**3550 WATT AVE, SACRAMENTO, CA 95821**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**CONSULTING ENGINEERS**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 24 22	80	DINNER
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**INTERWEST**

ADDRESS (Business Address Acceptable)  
**9300 W STOCKTON BLVD, ELK GROVE, CA 95758**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**CONSULTING ENGINEERS**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 23 22	120	DINNER
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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 29 22	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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: \_\_\_\_\_