

**COVER PAGE**

**A PUBLIC DOCUMENT**

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NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Davis Robert W.L.

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

Agency Name (Do not use acronyms)

Elk Grove Police Department

Division, Board, Department, District, if applicable

Office of the Chief

Your Position

Assistant Chief of Police

► 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
- Multi-County \_\_\_\_\_
- City of Elk Grove
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- Annual: The period covered is January 1, 2019, through December 31, 2019.
- or- The period covered is \_\_\_\_\_ through December 31, 2019.
- 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, 2019, 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 A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-  **None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
8400 Laguna Palms Way		Elk Grove	Ca	95758
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
( 916 )627.3760	rdavis@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 March 9, 2020  
(month, day, year)

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