## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received Received Official Use Only City of San Jacinto

AUG 1 0 2022

Ple	ease type or print in ink.			AU	0 1 0 2022			
NAME OF FILER (LAST) (FIRST)					(MID	LE) Office (	of the City Clerk	
Scott		Patricia	Patricia			F		
1.	ffice, Agency, or Court							
	Agency Name (Do not use acronym	is)						
	City of San Jacinto							
	Division, Board, Department, District	ision, Board, Department, District, if applicable			tion			
				City Co	ouncil			
	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)							
	Agency: City of San Jacinto			Position:	Position: Planning Commission			
2.	Jurisdiction of Office (Che	ck at least one box)						
	☐ State				<ul> <li>Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)</li> </ul>			
	Multi-County	ti-County			County of Riverside			
	City of San Jacinto			Other				
3.	Type of Statement (Check a	at least one box)						
	Annual: The period covered is January 1, 2021, through December 31, 2021.			Leaving Office: Date Left				
	The period covered is/, through December 31, 2021.			The period covered is January 1, 2021, through the date of leaving office.				
	Assuming Office: Date assum	ned/		☐ The	period covered is date of leaving offi		, through	
	Candidate: Date of Election11/08/2022 and office sought, if different than Part 1:							
4	Schedule Summary (must complete) ► Total number of pages including this cover page:							
₹.	Schedules attached	. complete) > 10	tai number	or payes mici	duling tills cov	er page:	£	
	Schedule A-1 - Investments - schedule attached			Schedule C - l	Schedule C - Income, Loans, & Business Positions - schedule attached			
	Schedule A-2 - Investments - schedule attached			Schedule D - la	Schedule D - Income - Gifts - schedule attached			
Schedule B - Real Property - schedule attached Schedule E - Income - Gift				ncome – Gifts – Tra	vel 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)	0 1-		C A		00500	
	DAYTIME TELEPHONE NUMBER		San Ja	EMAIL ADDRESS	CA		92582	
				patricia.scott0513@gmail.com				
	have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained lerein and in any attached schedules is true and complete. I acknowledge this is a public document.							
	certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.							
				1				
				Signature				
_	(month, da	y, year)		10071	(File the originally signed ;	paper statement with	your filing official.)	