CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

(FIRST)

Date	Initial Filir	ng Received
	Filing Official	Use Only

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Please type or print in ink.

NAME OF FILER (LAST)

1	David Rogelio J	lose		Pascua	A TRACTE SKON
1.	Office, Agency, or Court				70
	Agency Name (Do not use acronyms) City of Rocklin				
	Division, Board, Department, District, if applicable		Your Position		
			City Council		
	▶ If filing for multiple positions, list below or on an attachment				
	Agency:		Position:		
2.	Jurisdiction of Office (Check at least one box)				
	☐ State		☐ Judge, Retire (Statewide Ju	d Judge, Pro Tem Judrisdiction)	dge, or Court Commissioner
	Multi-County		County of		
	✓ City of Rocklin		Other		
3.	Type of Statement (Check at least one box)				
	Annual: The period covered is January 1, 2019, through December 31, 2019.		☐ Leaving Offi	ice: Date Left(Check one	
	The period covered is//	_, through	○ The perion leaving of sort-	d covered is January ffice.	1, 2019, through the date of
	Assuming Office: Date assumed/		the date of	of leaving office.	, through
	Candidate: Date of Election 11/3/2020 and o	office sought, i	if different than Part 1:	City Council	
	Schedule Summary (must complete) ► Total Schedules attached	l number o	of pages including	g this cover page): <u> </u>
	Schedule A-1 - Investments – schedule attached		Schedule C - Income	Loans & Pusinoss I	Zoo#ione ochodule di l
	Schedule A-2 - Investments – schedule attached		Schedule D - Income	- Gifts - schedule at	Positions – schedule attached tached
	Schedule B - Real Property – schedule attached				nents - schedule attached
-0	r- 🗹 None - No reportable interests on any sched	lulo			
	Verification	uic .			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE
	DAYTIME TELEPHONE NUMBER	E	MAIL ADDRESS		
ı	I have used all reasonable diligence in preparing this statement. I herein and in any attached schedules is true and complete. I ac	l have reviewe knowledge thi	ed this statement and to	the best of my knowl	edge the information contained
	certify under penalty of perjury under the laws of the State				
	Date Signed 8 6 WW		nature		
	(month, day, year)		(File the c	originally signed paper statemer	nt with your filing official.)