

COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Scott Jason B. 19 MAR - 7 AM 9: 29

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of Corona  
Division, Board, Department, District, if applicable Your Position  
Corona City Council Council Member

► 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 or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of Corona  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
-or- (Check one circle.)  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through  
○ The period covered is January 1, 2018, 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: \_\_\_\_\_

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)  
400 S. Vicentia Avenue Corona CA [REDACTED]  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
[REDACTED] [REDACTED]

I have used all reasonable diligence in preparing this statement. I have reviewed this statement 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 2/27/19  
(month, day, year)

Signature [REDACTED]

**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

*Investments must be itemized.*

*Do not attach brokerage or financial statements.*

Name  
Jason Scott

▶ NAME OF BUSINESS ENTITY  
Starbuck

GENERAL DESCRIPTION OF THIS BUSINESS  
Coffee Retailer

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/18      \_\_\_\_\_/\_\_\_\_\_/18  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Rockwell Collins

GENERAL DESCRIPTION OF THIS BUSINESS  
Aerospace

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/18      12/15/18  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Rockwell Automation (ROK)

GENERAL DESCRIPTION OF THIS BUSINESS  
Technology

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/18      \_\_\_\_\_/\_\_\_\_\_/18  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Meridan Value Fund (MVALX)

GENERAL DESCRIPTION OF THIS BUSINESS  
Diversified Mutual Fund

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/18      \_\_\_\_\_/\_\_\_\_\_/18  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Netflix

GENERAL DESCRIPTION OF THIS BUSINESS  
Entertainment

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/18      \_\_\_\_\_/\_\_\_\_\_/18  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Skyworks Solutions

GENERAL DESCRIPTION OF THIS BUSINESS  
Technology

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/18      \_\_\_\_\_/\_\_\_\_\_/18  
 ACQUIRED                      DISPOSED

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

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Jason Scott

▶ NAME OF SOURCE *(Not an Acronym)*  
Optimum Group LLC

ADDRESS *(Business Address Acceptable)*  
[REDACTED] Riverside CA [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Real Estate Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 11 / 18	\$ 200	Ticket to SCBIA Event
_ / _ / _	\$ _____	_____
_ / _ / _	\$ _____	_____

▶ 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)
_ / _ / _	\$ _____	_____
_ / _ / _	\$ _____	_____
_ / _ / _	\$ _____	_____

▶ 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: \_\_\_\_\_