

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**

Date Received
Official Use Only
**City of Rocklin
Clerk's Office**

MAR 23 2011 *SW*

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Yuill		R.	Scott

1. Office, Agency, or Court

Agency Name
City of Rocklin

Division, Board, Department, District, if applicable
Councilmember

Your Position
Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: Placer Flood Control & Water Conservation Position: Board Member (see attachment)

2. Jurisdiction of Office (Check at least one box)

State Judge (Statewide Jurisdiction)

Multi-County Placer (see attachment) County of _____

City of Rocklin Other _____

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

Annual: The period covered is January 1, 2010, through December 31, 2010. **Leaving Office:** Date Left ____/____/____

-or-

The period covered is ____/____/____, through December 31, 2010. (Check one)

Assuming Office: Date ____/____/____ The period covered is January 1, 2010, through the date of leaving office.

Candidate: Election Year _____ Office sought, if different than Part 1: _____ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None." ► Total number of pages including this cover page: 6

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 <small>(Business or Agency Address Recommended - Public Document)</small>	STREET	CITY	STATE	ZIP CODE
3970 Rocklin Road	Rocklin	CA	95765	

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
[REDACTED]	

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 03-20-2011
(month, day, year)

Signature [Signature]
(File the originally signed statement with your filing official.)

Attachment to Cover Page
FPPC Form 700 (2010)
Annual Statement

1. Office, Agency, or Court
(cont'd (multiple positions))

- Bizz Johnson Highway Interchanges Joint Powers Authority
Alternate Board Member (Placer County)

- Sacramento Area Council of Governments
Alternate Board Member (Multi-County: El Dorado, Placer,
Sacramento, Sutter, Yolo, and Yuba)

- Capitol Valley Regional SAFE
Alternate Board Member (Multi-County: El Dorado, Placer,
Sacramento, Sutter, Yolo, and Yuba)

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM **700**

Name
R. Scott Yuill

1 INCOME RECEIVED	1 INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>State Farm Insurance Companies & Affiliates</u> ADDRESS (Business Address Acceptable) <div style="background-color: black; width: 100%; height: 1.2em;"></div> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>sales/service of insurance and financial products</u> YOUR BUSINESS POSITION <u>President</u> GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <i>(Property, car, boat, etc.)</i> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <hr/> <input checked="" type="checkbox"/> Other <u>profit from corporation</u> <i>(Describe)</i>	NAME OF SOURCE OF INCOME <hr/> ADDRESS (Business Address Acceptable) <hr/> BUSINESS ACTIVITY, IF ANY, OF SOURCE <hr/> YOUR BUSINESS POSITION <hr/> GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <i>(Property, car, boat, etc.)</i> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <hr/> <input type="checkbox"/> Other _____ <i>(Describe)</i>

2 LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* <hr/> ADDRESS (Business Address Acceptable) <hr/> BUSINESS ACTIVITY, IF ANY, OF LENDER <hr/> HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None TERM (Months/Years) _____ SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <i>Street address</i> <hr/> <i>City</i> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <i>(Describe)</i>
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Comments: _____

SCHEDULE D Income – Gifts

▶ NAME OF SOURCE
California Protocol Foundation
 ADDRESS (Business Address Acceptable)
 [REDACTED]
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
501(c)(3) that promotes California

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 16 / 10</u>	<u>\$ 254.36**</u>	<u>"It's a Wrap" Party</u>
<u> / / </u>	<u>\$ </u>	<u>**see below</u>
<u> / / </u>	<u>\$ </u>	<u></u>

▶ NAME OF SOURCE
State Farm Insurance
 ADDRESS (Business Address Acceptable)
 [REDACTED]
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative Partners Day 2010

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 04 / 10</u>	<u>\$ 190.97</u>	<u>Overnight Stay (Hotel)</u>
<u> / / </u>	<u>\$ </u>	<u></u>
<u> / / </u>	<u>\$ </u>	<u></u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u></u>
<u> / / </u>	<u>\$ </u>	<u></u>
<u> / / </u>	<u>\$ </u>	<u></u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u></u>
<u> / / </u>	<u>\$ </u>	<u></u>
<u> / / </u>	<u>\$ </u>	<u></u>

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 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u></u>
<u> / / </u>	<u>\$ </u>	<u></u>
<u> / / </u>	<u>\$ </u>	<u></u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u></u>
<u> / / </u>	<u>\$ </u>	<u></u>
<u> / / </u>	<u>\$ </u>	<u></u>

Comments: **This gift (It's a Wrap Party), valued at \$254.36, is attributable to multiple donors of the California Protocol Foundation; including Arnold Schwarzenegger in the amount of \$66.67, and other donors whose individual share of the gift totals less than any reportable gift amount.