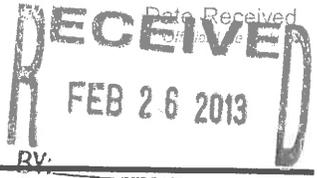


STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



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
Your Position
Councilmember

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

Agency: See Attachment Position: See Attachment

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

State Judge or Court Commissioner (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, 2012, through December 31, 2012. Leaving Office: Date Left ____/____/____
-or- (Check one)
The period covered is ____/____/____, through The period covered is January 1, 2012, through the date of leaving office.
 Assuming Office: Date assumed 01 / 08 / 2013 The period covered is ____/____/____, through the date of leaving office.
 Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None." ► Total number of pages including this cover page: 5
 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)
3970 Rocklin Road Rocklin CA 95765
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)

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 02/08/2013
(month, day, year)

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

Attachment to Cover Page
FPPC Form 700
Annual Statement
2012-2013

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

- Bizz Johnson Highway Interchanges Joint Powers Authority (aka Highway 65 Interchange Financing Joint Powers Authority)
Board Member (Placer County)
- Placer County City Selection Committee (Mayors)
Alternate Member
- Placer County Local Community Benefit Committee
Alternate Member
- Placer County Transportation Planning Agency
Alternate Board Member (Placer County)
- Sacramento Area Council of Governments
Director (Multi-County: El Dorado, Placer, Sacramento, Sutter, Yolo, and Yuba)
- Capitol Valley Regional SAFE
Director (Multi-County: El Dorado, Placer, Sacramento, Sutter, Yolo, and Yuba)
- Western Placer Waste Management Authority Board
Alternate Board Member (Placer County)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST

Scott Yuill Insurance & Financial Services, Inc.

Name
 [REDACTED]

Address (Business Address Acceptable)
 [REDACTED]

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
insurance and financial sales/services

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / 12 / / 12
 \$2,000 - \$10,000 / / 12 / / 12
 \$10,001 - \$100,000 / / 12 / / 12
 \$100,001 - \$1,000,000 / / 12 / / 12
 Over \$1,000,000 / / 12 / / 12
ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Partnership Sole Proprietorship **Shareholder** Other

YOUR BUSINESS POSITION **President**

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None

State Farm Insurance Companies and Affiliates

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
 [REDACTED]

Description of Business Activity or City or Other Precise Location of Real Property
 [REDACTED]

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / 12 / / 12
 \$10,001 - \$100,000 / / 12 / / 12
 \$100,001 - \$1,000,000 / / 12 / / 12
 Over \$1,000,000 / / 12 / / 12
ACQUIRED DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

RSTR Ventures, LLC

Name
 [REDACTED]

Address (Business Address Acceptable)
 [REDACTED]

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / 12 / / 12
 \$2,000 - \$10,000 / / 12 / / 12
 \$10,001 - \$100,000 / / 12 / / 12
 \$100,001 - \$1,000,000 / / 12 / / 12
 Over \$1,000,000 / / 12 / / 12
ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION **Partner**

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None

Scott Yuill Insurance & Financial Services, Inc.

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
 [REDACTED]

Description of Business Activity or City or Other Precise Location of Real Property
 [REDACTED]

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / 12 / / 12
 \$10,001 - \$100,000 / / 12 / / 12
 \$100,001 - \$1,000,000 / / 12 / / 12
 Over \$1,000,000 / / 12 / / 12
ACQUIRED DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: _____

