

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

A PUBLIC DOCUMENT

Schedules attached Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached	Please type or print in ink.	
1. Office, Agency, or Court Agency Name (Do not use acconymist) Division, Board, Dispartment, District, if applicable ► If filling for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: Position: Judge, Retired Judge, Pro Tern Judge, or Court Commissioner (Statewide Judisdiction) County City of Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through December 31, 2023. Or. Position: Leaving Office: Date Left Office sought, if different than Part 1: Candidate: Date of Election and office sought, if different than Part 1: Schedule Summary (required) Schedule A1 - Investments – schedule attached Schedule A2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule B - Income – Gifts – schedule attached Schedule B - Real Property – schedule attached Schedule B - Income – Gifts – schedule attached Schedule B - Income – Gifts – schedule attached Schedule B - Income – Gifts – schedule attached Schedule B - Income – Gifts – schedule attached Schedule B - Income – Gifts – schedule attached Schedule B - Income – Gifts – schedule attached Schedule B - Income – Gifts – schedule attached Schedule B - Income – Gifts – schedule attached Schedule B - Income – Gifts – schedule attached Schedule B - Income – Gifts – schedule attached Schedule B - Income – Gifts – schedule attached Schedule	NAME OF FILER (LAST) (FIRST)	(MIDDLE)
Agency Name (Do not use acronyms) Division, Board, Department, District, if applicable 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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through December 31, 2023. The period covered is January 1, 2023, through December 31, 2023. Assuming Office: Date assumed Assuming Office: Date assumed The period covered is January 1, 2023, through the date of leaving office. Candidate: Date of Election and office sought, if different than Part 1: 4. Schedule Summary (required) Schedule A1 - Investments - schedule attached Schedule A2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule D - Income - Giffs - Travel Payments - schedule attached Schedule B - Income - Giffs - Travel Payments - schedule attached Schedule B - Income - Giffs - Travel Payments - schedule attached Schedule B - Income - Giffs - Travel Payments - schedule attached Schedule B - Income - Giffs - Travel Payments - schedule attached Schedule B - Income - Giffs - Travel Payments - schedule attached Schedule B - Income - Giffs - Travel Payments - schedule attached Schedule B - Income - Giffs - Travel Payments - schedule attached Schedule B - Income - Giffs - Travel Payments - schedule attached Schedule B - Income - Giffs - Travel Payments - schedule attached Schedule B - Income - Giffs - Travel Payments - schedule attached Schedule B - Income - Giffs - Travel Payments - schedule attached Schedule B - Income - Giffs - Travel Payments - schedule attached Schedule B - Income - Giffs - Travel Payments - schedule attached Schedule B - Income - Giffs - Travel Payments - schedule attached Schedule B - Income - Giffs - Travel Payments - schedule attached Schedule B - Income - Giffs - Tra	Avarez	Munu
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Agency:		
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City of Other		(Statewide Jurisdiction)
City of Other	Multi-County	County of MANTENAL
3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through December 31, 2023. The period covered is January 1, 2023, through December 31, 2023. The period covered is January 1, 2023, through December 31, 2023. The period covered is January 1, 2023, through the date of leaving office. Assuming Office: Date assumed		
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Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached None - No reportable interests on any schedule None - No reportable interests on any schedule Street (Business or Agency Address Recommended - Public Document) DAYTIME TELEPHONE NUMBER (RS)	To you've make the body and the	
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) DAYTIME TELEPHONE NUMBER (\text{V3}) \ 424 - 9003 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 Signature		
5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) DAYTIME TELEPHONE NUMBER (\(\text{V3}\)) \(\text{V}\) \(\text{V}\		
MAILING ADDRESS (Business or Agency Address Recommended - Public Document) 135	-or- ☑ None - No reportable interests on any schedule	
(Business or Agency Address Recommended - Public Document) 135 West adgree Particular Sulvivas CA 93907 DAYTIME TELEPHONE NUMBER (831) 424 - 9003 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 Signature	5. Verification	
DAYTIME TELEPHONE NUMBER (831) 424 - 9003 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 Signature		STATE ZIP CODE
DAYTIME TELEPHONE NUMBER (831) 424-9003 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 Signature		Julinas CH 93907
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed Signature	DAYTIME TELEPHONE NUMBER	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed Signature	(Y31) 424 - 9003 °	Manaalvavez a pasis charte
Date Signed 3 24 34 Signature WWW 1	herein and in any attached schedules is true and complete. I acknowle	reviewed this statement and to the best of my knowledge the information contained dge this is a public document. $SCMVM \cdot VV$
	I certify under penalty of perjury under the laws of the State of Cal	ifornia that the foregoing is true and correct.
	3/2/01/21	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

► 1. INCOME RECEIVED	➤ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Ausal anim schools	AMICE
ADDRESS (Business Address Acceptable) LSS BUYLLA KOORE	ADDRESS (Business Address Acceptable)
155 Burlin Lover	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sirelar & Canally	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)	Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use	Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)	Schedule A-2.)
Sale of(Real property, car, boat, etc.)	Sale of(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other(Describe)	Other(Describe)
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	
	al lending institution, 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	I status. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follow	vs:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	W
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	,
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other
	(Describe)
Comments:	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 2520 3vd Street CITY	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
Gilron CA 9500	CITY
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	- IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
None	None
	Tiving the state of the state o
	
* You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of business.	I lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	% None
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
	II
Comments:	