

COVER PAGE

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
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1. Office, Agency, or Court

Agency Name (*Do not use acronyms*)

Division, Board, Department, District, if applicable

Your Position

► 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 _____

County of _____

City of _____

Other _____

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

Annual: The period covered is January 1, 2024, through December 31, 2024.

-or-

The period covered is _____/_____/, through December 31, 2024.

Assuming Office: Date assumed _____/_____/_____

Leaving Office: Date Left _____/_____/
 (Check one circle below.)

The period covered is January 1, 2024, through the date of leaving office.

-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 (required)

► **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
 (Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER

()

E-MAIL ADDRESS

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 _____
 (month, day, year)

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