

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

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.

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

-or-

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

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

-or-

Assuming Office: Date assumed / /

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 STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER EMAIL 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.)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME	
ADDRESS <i>(Business Address Acceptable)</i>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	
YOUR BUSINESS POSITION	
GROSS INCOME RECEIVED \$500 - \$1,000 \$10,001 - \$100,000	No Income - Business Position Only \$1,001 - \$10,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
Salary	Spouse's or registered domestic partner's income <i>(For self-employed use Schedule A-2.)</i>
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	
Sale of _____ <div style="text-align: center;"><i>(Real property, car, boat, etc.)</i></div>	
Loan repayment	
Commission or	Rental Income, <i>list each source of \$10,000 or more</i>
<i>(Describe)</i>	
Other _____ <div style="text-align: center;"><i>(Describe)</i></div>	

* You are not required to report loans from a commercial 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 status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

INTEREST RATE

_____ % None _____

TERM (Months/Years)

SECURITY FOR LOAN

None Personal residence

Real Property _____
 Street address

 City

Guarantor _____

Other _____
 (Describe)

FPPC Form 700 - Schedule C (2024/2025)
advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov
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