STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

	A PUB	LIC 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 appli	icable	Your Position
► If filing for multiple positions, list below o	r on an attachment. (Do not use	e acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at le	east 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 Januar December 31, 2022 .	y 1, 2022, through	Leaving Office: Date Left///(Check one circle.)
-or- The period covered is December 31, 2022.	/, through	The period covered is January 1, 2022 , through the date of leaving office.
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) Schedules attached	► Total number	of pages including this cover page:
Schedule A-1 - Investments - sche	dule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule	dule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – sched	dule attached	Schedule E - Income – Gifts – Travel Payments – schedule attached
-or- None - No reportable intere	sts on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public D	CITY Document)	STATE ZIP CODE
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
herein and in any attached schedules is tru	e and complete. I acknowledge	
I certify under penalty of perjury under t	he laws of the State of Califorr	hia that the foregoing to true and correct.
Date Signed (month, day, year)	S ⁱ	ignature
(monur, day, year)		(File the originally signed paper statement with fulling official.)