STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

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 ap	plicable	Your Position
▶ If filing for multiple positions, list below	or on an attachment. (Do not us	re 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 lea	st one box)	
Annual: The period covered is Janua December 31, 2023.	ary 1, 2023, through	Leaving Office: Date Left/(Check one circle.)
The period covered is December 31, 2023.	/, through	The period covered is January 1, 2023, 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 Schedules attached) ► Total number	of pages including this cover page:
Schedule A-1 - Investments – sch	nedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments - sch	nedule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - sch	nedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- None - No reportable inte	rests on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	c Document)	STATE ZIP CODE
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	5	Signature
(month, day, year)		(File the originally signed paper statement with your filing official.)