

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)	
1. Office, Agency,	or Court			
Agency Name (Do I				
Division, Board, Dep	artment, District, if applicable	Your Position		
► If filing for multipl	e positions, list below or on an attachment.	(Do not use acronyms)		
Agency:		Position:		
2. Jurisdiction of	Office (Check at least one box)			
State	Circo (chook at loast one box)	Judge, Retired Judge, Pro (Statewide Jurisdiction)	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)	
Multi-County		County of		
City of		Other		
3. Type of Staten	nent (Check at least one box)			
Annual: The pe	eriod covered is January 1, 2019, through other 31, 2019.		t/ neck one circle.)	
	eriod covered is//	_, through The period covered is leaving office.	January 1, 2019, through the date of	
Assuming Office	e: Date assumed//	-or- The period covered is the date of leaving office	, through	
Candidate: Dat	te of Electionand offic	e sought, if different than Part 1:		
4. Schedule Sum Schedules at		I number of pages including this cover	er page:	
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 - Tra	avel Payments - schedule attached	
-or-				
	eportable interests on any schedule			
5. Verification				
MAILING ADDRESS (Business or Agency Addr	STREET ess Recommended - Public Document)	CITY STATE	ZIP CODE	
DAYTIME TELEPHONE N	UMBER	E-MAIL ADDRESS		
()				
	nable diligence in preparing this statement. tached schedules is true and complete. I a	I have reviewed this statement and to the best of cknowledge this is a public document.	my knowledge the information contained	
I certify under pena	alty of perjury under the laws of the State	e of California that the foregoing is true and c	orrect.	
D / 0: .		0: 1		
Date Signed	(month, day, year)	Signature(File the originally signed p	aper statement with your filing official.)	