

**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, 2021, through December 31, 2021.  
-or- The period covered is / / , through December 31, 2021.  
Assuming Office: Date assumed / /  
Candidate: Date of Election and office sought, if different than Part 1:  
Leaving Office: Date Left / /  
*(Check one circle.)*  
The period covered is January 1, 2021, through the date of leaving office.  
-or- The period covered is / / , through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_**

**Schedules attached**

Schedule A-1 - Investments – schedule attached  
Schedule A-2 - Investments – schedule attached  
Schedule B - Real Property – schedule attached  
Schedule C - Income, Loans, & Business Positions – schedule attached  
Schedule D - Income – Gifts – 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 Signature  
*(month, day, year)* *(File the originally signed paper statement with your filing official.)*