CALIFORNIA FORM 700	STATEMENT OF ECONOMIC INTERESTS COVER PAGE		Date Initial Filing Received Filing Official Use Only
FAIR POLITICAL PRACTICES COMMISSION			
Please type or print in ink.	A PL	JBLIC DOCUMENT	
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Division, Board, Department, District, if appli	cable	Your Position	
► If filing for multiple positions, list below o	r on an attachment. (Do not	use acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at le	ast 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, 2019.	y 1, 2019, through	Leaving Office: Date Left	
-or- The period covered is December 31, 2019.	/, throug	h O The period covered is January leaving office.	1, 2019, through the date of
Assuming Office: Date assumed		 The period covered is/. the date of leaving office. 	, through
Candidate: Date of Election	and office sou	ght, if different than Part 1:	
4. Schedule Summary (must com Schedules attached	plete) ► Total numb	er of pages including this cover pag	e:
Schedule A-1 - Investments – sched	lule attached	Schedule C - Income, Loans, & Business	Positions – schedule attached
Schedule A-2 - Investments – sched		Schedule D - Income - Gifts - schedule a	
Schedule B - Real Property – sched	lule attached	Schedule E - Income – Gifts – Travel Pay	ments - schedule attached
-or- D None - No reportable intere	sts on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public D	CITY	STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
I have used all reasonable diligence in prepa herein and in any attached schedules is true		viewed this statement and to the best of my kno ge this is a public document.	wledge the information contained
·	·	fornia that the foregoing is true and correct.	
Date Signed		Signature	
(month, day, year)		(File the originally signed paper state	ment with your filing official.)