CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Please type or print in ink.	STATEMENT OF ECONO COVER PA A PUBLIC DOC	GE	Date Mail Filing Received
IAME OF FILER (LAST)	(FIRST)	(MIDDLE)	nin Fast Note
I. Office, Agency, or Court			OLELCIVI
Agency Name (<i>Do not use acronyms</i>) Division, Board, Department, District, if applicable If filing for multiple positions, list below or on	an attachment. (Do not use acronyms)	ounal men	
Agency:	Positio	on:	
 Jurisdiction of Office (Check at least State 	Judg	e, Retired Judge, Pro Tem Ju wide Jurisdiction)	dge, or Court Commissioner
Multi-County	,		
City of Mendota	Othe	r	
Annual: The period covered is January 1, December 31, 2023or- The period covered is December 31, 2023. Assuming Office: Date assumed Candidate: Date of Election	, through or- 	the date of leaving office.	circle.)
 4. Schedule Summary (required) Schedules attached 	► Total number of pages i	ncluding this cover pag	
 Schedule A-1 - Investments – schedule Schedule A-2 - Investments – schedule Schedule B - Real Property – schedule -Or- None - No reportable interests 	e attached Schedule E e attached Schedule E	: - Income, Loans, & Business - Income – Gifts – schedule - Income – Gifts – Travel Pa	
5. Verification	on any schedule		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER	LEMAIL ADDRE	55	
I have used all reasonable diligence in preparin herein and in any attached schedules is true a I certify under penalty of perjury under the	nd complete. I acknowledge this is a publ	ic document.	
Date Signed	Signature	(File the originality signed paper sta	