CALIFORNIA FORM 700		OF ECONOMIC INTERE COVER PAGE	ESTS Date This Filing Receiver	
Please type or print in ink.	A Pl	UBLIC DOCUMENT	City of Plan	
IAME OF FILER (LAST)	(FIRST)	(N	AIDDLE)	
Kosolles	DSCAF		Ho makere	
. Office, Agency, or Court	•		10168195	
Agency Name (Do not use acronyms)	ta			
Division, Board, Department, District, if ap		Your Position	member	
► If filing for multiple positions, list below	or on an attachment. (Do not	t use acronyms)		
Agency:		Position:		
. Jurisdiction of Office (Check at	least one box)			
State		Judge, Retired Judge, P (Statewide Jurisdiction)	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)	
Multi-County		County of		
City of		Other		
The period covered is December 31, 2023.	_//, throug	of leaving office. -or-	d is January 1, 2023, through the date	
Candidate: Date of Election	9 202 Hand office so	ught, if different than Part 1:		
4. Schedule Summary (required Schedules attached) ► Total num	ber of pages including this c	cover page:	
Schedule A-1 - Investments - scl	nedule attached		& Business Positions – schedule attached	
Schedule A-2 - Investments – sch		Schedule D - Income – Gifts –	- schedule attached - <i>Travel Payments</i> – schedule attached	
-or- V None - No reportable inte			- Haver Fayments - schedule attached	
5. Verification	sete en any conouro			
MAILING ADDRESS STREET	CITY	۲ S	TATE ZIP CODE	
DAYTIME TELEPHONE NUMBER	,	EMAIL ADDRESS		
		reviewed this statement and to the be edge this is a public document.	st of my knowledge the information contained	
nerein and in any attached schedules is	the and complete. I doknown	a		
I certify under penalty of perjury under			nd correct.	