

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE



A PUBLIC DOCUMENT

JUL 2 4 2024

Ple	ease type or print in ink.				
NAME OF FILER (LAST) (FIRST)			(MIDDLE)	Impenai	
Н	OLBROOK	GEOFFREY		PATRICK	County
1.	Office, Agency, or Court				•
	Agency Name (Do not use acronyms)				
	IMPERIAL UNIFIED SCHOOL DIST	RICT			
	Division, Board, Department, District, if applicab	le	Your Position		<del></del>
	BOARD OF TRUSTEES		TRUSTEE	(CANDIDATE)	
	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)				
	Agency:		Position:		
<del>_</del> 2.	Jurisdiction of Office (Check at least	one box)			
	State		☐ Judge, Retir (Statewide J		e, or Court Commissioner
	Multi-County		County of		
	City of				CHOOL DISTRICT
3	Type of Statement (Check at least on				
٠.	Annual: The period covered is January 1 December 31, 2023.	•	Leaving O	ffice: Date Left (Check one c	
	The period covered is/_ December 31, 2023.	, through	•	riod covered is January ng office.	1, 2023, through the date
	Assuming Office: Date assumed			riod covered is/_ e of leaving office.	, through
	Candidate: Date of Election NOV. 20	t, if different than Part	1:		
4.	4. Schedule Summary (required) ► Total number of pages including this cover page:  Schedules attached  Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached				
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	Schedule B - Real Property - schedule	attached	Schedule E - Incor	ne – Gifts – Travel Payn	nents – schedule attached
-Or- No reportable interests on any schedule					
Э.	Verification  MAILING ADDRESS STREET	CITY		STATE	ZIP CODE
	(Business or Agency Address Recommended - Public Document	ment)			
	583 SAGEBURSH STREET	IMPE		CA	92251
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	ll l. l	
	[ 760 ] 791-2002   gholbrook@holbrook-law.com  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contain herein and in any attached schedules is true and complete. I acknowledge this is a public document.				
	certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
	Date Signed 07/24/2024		Signature	all	1
	(month, day, year)		(File	the originally signed paper statem	ent with your filing official.)