CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



A PUBLIC DOCUMENT

JUL 25 2024

IAME OF FILER (LAST) (FIRST)	(MIDDLE) Imperial
Velasco de SALVADO	<u>County</u>
Office, Agency, or Court	
Agency Name (Do not use acronyms)	
Division, Board, Department, District, if applicable	Your Position
WESTMONIAND UNIFIED Scho	DE DISTRICT
▶ If filing for multiple positions, list below or on an attachment. (Do not use	
Agency:	Position:
	*
. Jurisdiction of Office (Check at least one box)	
State	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of IMPERIAL
City of	Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2023, through December 31, 2023.	Leaving Office: Date Left/(Check one circle.)
The period covered is/, through December 31, 2023.	 The period covered is January 1, 2023, through the date of leaving office.
Assuming Office: Date assumed/	The period covered is, through the date of leaving office.
Candidate: Date of Election // oS. 2024 and office sought,	if different than Part 1;
S. Schedule Summary (required) ► Total number of	of pages including this sover page:
Schedules attached	of pages including this cover page:
	Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- None - No reportable interests on any schedule	
5. Verification	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
P.O. Box 1092 WESTMO	rlsno CA 92281
	EMAIL ADDRESS SALVE LASCOTO @ gmail.com
(160) 191. 8489	SACVE (a SCO TO & gmail. con
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.	
Data Sizzad 0 2 5 2 4	Sometime & Committee
Date Signed 7.25.24 Signed (month, day, year)	gnature (File the originally signed paper statement with your filing official.)