

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Registrar of Voters
Data Not Fully Received

JUL 30 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Imperial County
~~Olguin-Nixon~~ Gabby

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

U.S.D.

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: U.S.D.

Position: Board member

2. 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.)

-or-

The period covered is ____/____/____, through December 31, 2023.

The period covered is January 1, 2023, through the date of leaving office.

-or-

Assuming Office: Date assumed ____/____/____

The period covered is ____/____/____, through the date of leaving office.

Candidate: Date of Election 11-5-2024 and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - 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 CITY STATE ZIP CODE

(Business or Agency Address Recommended - Public Document)

604 Normanside Ct Imperial Ca 92251

DAYTIME TELEPHONE NUMBER

(760) 960-1741

EMAIL ADDRESS

gabbyolguin-nixon@yahoo.com

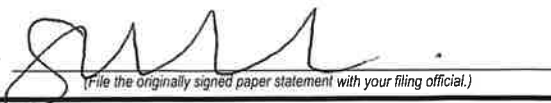
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

7-30-24
(month, day, year)

Signature


(File the originally signed paper statement with your filing official.)