

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

ogistracelved

A PUBLIC DOCUMENT

JUL 16 2024

PΙε	ease type or print in ink.			
ΝA	ME OF FILER (LAST) (FIRST)		(MIDDLE)	Imperial
_	WidmANN Holly			County
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Division, Board, Department, District, if applicable	You	ur Position	
	CALIPATRIA UNIFIED		TRUSTEE	
	If filing for multiple positions, list below or on an attachment. (Do not use acronyms)			
	Agency:	Po	osition:	
<del>_</del> 2.	Jurisdiction of Office (Check at least one box)			
	State		udge, Retired Judge, Pro Tem Judge Statewide Jurisdiction)	e, or Court Commissioner
	Multi-County		County of EMPERIAL	
	City of		Other	
~	Type of Statement (Check at least one box)			
J.	Annual: The period covered is January 1, 2023, through December 31, 2023.		Leaving Office: Date Left/_ (Check one cir	
	The period covered is/	-, anough	The period covered is January 1 of leaving office. or-	, 2023, through the date
	Assuming Office: Date assumed/		The period covered is/_ the date of leaving office.	, through
	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	Schedul	e C - Income, Loans, & Business Pe	ositions - schedule attached
	Schedule A-2 - Investments – schedule attached		e D - Income - Gifts - schedule atta	
	Schedule B - Real Property - schedule attached	Schedul	e E - Income – Gifts – Travel Paym	ents - schedule attached
-or- ✓ None - No reportable interests on any schedule				
5. Verification				
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	POBOX 204 CALIPATRIA		CA	92233
	DAYTIME TELEPHONE NUMBER	EMAIL ADD		
	(760) 348 5064		ICAMANNI Egy	
	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.			
	certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
	Date Signed	Signature	The Classical State of the Company o	nt with your filing official.)