

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

JUL 18 2024

| Please type or print in ink. | | | | |
|---|---|--|---------------|--|
| NΑ | AME OF FILER (LAST) (FIRST) | (MIDDLE) | nai | |
| | Durton Patricia | A Cou | nty | |
| 1. | Office, Agency, or Court Seeley Clanenby School Trustee | | | |
| Agency Name (Do not use acronyms) | | | | |
| | | Trustee | | |
| | Division, Board, Department, District, if applicable | Your Position | | |
| | | | | |
| | ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) | | | |
| | Annes | Position: | | |
| | Agency: | | | |
| 2. | Jurisdiction of Office (Check at least one box) | | | |
| | State | Judge, Retired Judge, Pro Tem Judge, or Court | Commissioner | |
| | _ out | (Statewide Jurisdiction) | | |
| | Multi-County Imperial | 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 | | |
| | -or- The period covered is/, through | ☐ The period covered is January 1, 2023, thro | ough the date | |
| | December 31, 2023. | of leaving office. | | |
| | Assuming Office: Date assumed | The period covered is/ | , through | |
| | Candidate: Date of Election 115 2024 and office sought, if different than Part 1: | | | |
| | Y V | | | |
| 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- No reportable interests on any schedule | | | | |
| 5. | . Verification | | | |
| | MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document) | STATE ZIP CO | ODE | |
| | P.O. Box 455 El Centro St. Seeley | Ca 92 | 273 | |
| | | AIL ADDRESS | | |
| | (760) 353-2911 | parburton 1) a amail. c | dun | |
| | 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 bergin and in any attached schedules is true and complete. I acknowledge this is a public document | | | |
| | 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 07/18/2024 Signa | ture to the said | | |
| | (month) day, year) | (File the originally signed paper statement with your filing | g official.) | |