## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date of the office of the control of

A PUBLIC DOCUMENT

AUG 07 2024

Pl	ease type or print in ink.	lm-
N.A	ME OF FILER (LAST)  Avira Alegando	(MIDDLE) County
1.	ffice, Agency, or Court	
	Agency Name (Do not use acronyms)	Λ.
	Calexico Unified School	Vistrict
	Division, Board, Department, District, if applicable	Your Position
	If filing for multiple positions, list below or on an attachment. (Do not use acronyms)	
	Agency:	Position:
	ngolity.	_ TOSMOTI.
2. Jurisdiction of Office (Check at least one box)		
	State	<ul> <li>Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)</li> </ul>
	Multi-County	Documby of Imperial
	Calexico	Other
_		
Э.	Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2023, through	Leaving Office: Date Left/
	December 31, 2023.	(Check one circle.)
	-or- The period covered is/, through	☐ The period covered is January 1, 2023, through the date
	December 31, 2023.	of leaving officeor-
	Assuming Office: Date assumed	The period covered is/, through the date of leaving office.
	$\mathbf{X}$ Candidate: Date of Election $11-5-24$ and office sought, if d	•
	/	4
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		
	Scriedule A-2 - invesiments – scriedule attached	chedule D - Income – Gifts – schedule attached chedule E - Income – Gifts – Travel Payments – schedule attached
Schedule B - Real Property – schedule attached		
-or- ★ None - No reportable interests on any schedule		
5.	Verification	
	MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
		lexico Ca. 92231
	DAYTIME TELEPHONE NUMBER	AIL ADDRESS
	(760) 577-2039	alexavina 1973 @ gmail. Cos
	I have used all reasonable diligence in preparing this statement. I have reviewed herein and in any attached schedules is true and complete. I acknowledge this	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct		that the foregoing is true and correct
	8.5074	
	Date Signed Signa (month, day, year)	(File the originally signed paper statement with your filing official.)