

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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A PUBLIC DOCUMENT

JUL 3 1 2024

Please type or print in ink.		- Importal
NAME OF FILER (LAST)	(FIRST)	(MIDDLE) Imperial
Saiza	Brittany	DeniseCounty
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		<u> </u>
Camputria School	Board	Metee
Division, Board, Department, District, if app		Your Position
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)		
Agency:		Position:
2. Iuriadiation of Office (0) - 1 - 1	too A on a book	
2. Jurisdiction of Office (Check at a	least one box)	Ludes Delived hydro Dro Tom hydro or Court Commissioner
State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
M. M. County		County ofmpenal
Multi-County .		NI acc
Scity of Calipatin		Other
3. Type of Statement (Check at leas	at one box)	
Annual: The period covered is Janua	ary 1, 2023, through	Leaving Office: Date Left/
December 31, 2023.		(Check one circle.)
	_/, through	The period covered is January 1, 2023, through the date of leaving office.
December 31, 2023.		-or-
Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
-/ W/n	chau	-
Candidate: Date of Election 1110	and office sought, if	f different than Part 1:
4. Schedule Summary (required) ► Total number of pages including this cover page:		
Schedules attached		,
Schedule A-1 - Investments – sch	edule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - sch		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached		
-or- None - No reportable inter	ests on any schedule	
5. Verification		
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public PO. Poly 12 52 Htt MCCA	Verde Rd. (alip	atna CA 92233
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(760) 1075-5661		bnittary-saiza (a) y whoo with
I have used all reasonable diligence in pre	paring this statement. I have review	ed 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.		
07/21/201	<u> </u>	X \
Date Signed (month day year)		Inature (Ella the Originally signed paper statement with your filling official.)