

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



A PUBLIC DOCUMENT

AUG 0 9 2024

Ple	ase type or print in ink.			
NAN	ME OF FILER (LAST)	(FIRST)	(MIDDLE)	Imperial
	Davis	Ronald	6-	County
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
		School Board	Truster	
	Division, Board, Department, Dist	rict, if applicable	Your Position	
	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)			
	Agency:		Position:	
<u></u>	Jurisdiction of Office (Check at least one box)			
	State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) 	
	Multi-County		County of I my	revial
	City of		County of	
3.	Type of Statement (Chec	ck at least one box)		
	Annual: The period covered is January 1, 2023, through December 31, 2023.		Leaving Office: Date Left/	
	The period covered is, through December 31, 2023. through the date of leaving office.			ry 1, 2023, through the date
	Assuming Office: Date as	Assuming Office: Date assumed, through the date of leaving office.		
	Candidate: Date of Election 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 - Investme	(==-	Schedule D - Income - Gifts - schedule	attached
	Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached			
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	M Iff and a	ble interests on any schedule	7 7	
Э.	Verification 1054	Barghmon RU W	STATE	92281 ZIP CODE
	(During Address Addres			
	PO BOX 785 Westmoviaw (A 92251 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS			
	(760) 781 5121 rondavis 1054 @ gmail.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.			
	certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
			0 1	9
	Date Signed S-0	7 - 2 - Y Ih, day, year)	Signature (File the originally signed paper sta	atement with your filing official.)