

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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Please type or print in ink.			ALIG 0 9 2024
NAME OF FILER (LAST)	(FIRST)	(MIDE)	
Adame	Abel	P	Imperial
1. Office, Agency, or Court			County
Agency Name (Do not use acronyms)	12		
Salton Community Serv	res Vistrat	1 Director	<u> </u>
Division, Board, Department, District, if applicable	Э	Your Position	
. If filling for multiple positions, list helpsy or on	an attachment (Do not u	una carranuma)	
► If filing for multiple positions, list below or on	an attachment. (Do not u	se acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least	one havi		
State	one box)	Judge Retired Judge Pro	Tem Judge, or Court Commissioner
State		(Statewide Jurisdiction)	Terri sudge, or court commissions.
Multi-County		County of Imper	6/
City of West Shaves		Other	
3. Type of Statement (Check at least one	hox)		
Annual: The period covered is January 1,		Leaving Office: Date Lef	ft
December 31, 2023.	, 0	(Che	eck one circle.)
The period covered is/ December 31, 2023.	/, through	The period covered is of leaving office.	January 1, 2023, through the date
Assuming Office: Date assumed/_			
Candidate: Date of Election 1//5/2	2029 and office sough	nt, 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, & B	dusiness Positions – schedule attached
Schedule A-2 - Investments – schedule		Schedule D - Income - Gifts - sc	hedule attached
Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached			
A None No reportable interests	on any schodula		
-or- Z None - No reportable interests 5. Verification	on any schedule		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Docum	ent)	6.1 0.1	
DAYTIME TELEPHONE NUMBER	Salton City	EMAIL ADDRESS	
(760) 507-7158		1W/f1e04	bok.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.			
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
Data Signad C/12 2011		Signature M. 1	1_
Date Signed 5/6/2029 (month, day, year)		Signature (File the originally signed	paper statement with your filing official.)