CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



A PUBLIC DOCUMENT AUG 0 6 202

Please type or print in ink.

_						
NA	ME OF FILER (LAST) REAGLE	(FIRST)		(MIDDLE)	County	
1. Office, Agency, or Court						
	Agency Name (Do not use acronyms) SALTON COMMUNITY SERVICE DISTRICT					
	Division, Board, Department, District, if applicable	Your Position				
				CTOR		
	▶ If filing for multiple positions, list below or on an	nultiple positions, list below or on an attachment. (Do not use acronyms)				
	Agency:	2	Position:		-	
2.	Jurisdiction of Office (Check at least one box)					
	State		Judge, Retired Ju (Statewide Jurisdic	-	dge, or Court Commissioner	
	Multi-County		County of	IPERIA	L	
	City of		Other			
3.	Type of Statement (Check at least one box)					
	Annual: The period covered is January 1, 202 December 31, 2023.	3, through	Leaving Office:	Date Left (Check one	J circle.)	
	The period covered is	, through	☐ The period c of leaving offi -or-		1, 2023, through the date	
	Assuming Office: Date assumed		The period co the date of le		, through	
	Candidate: Date of Election 11/5/24 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 attac	Schedule C - Income, Lo	nedule C - Income, Loans, & Business Positions - schedule attached			
	Schedule A-2 - Investments – schedule attac		Schedule D - Income - Gifts - schedule attached			
	Schedule B - Real Property – schedule attac	ched	Schedule E - Income – 0	Gifts – Travel Pay	ments – schedule attached	
-or- X None - No reportable interests on any schedule						
5.	Verification					
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE	
	PO Box 5307	SALTO	ON CITY	CA	92275	
	DAYTIME TELEPHONE NUMBER (760) 977 7145		EMAIL ADDRESS			
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information confiner 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 AUGUST 6, 2024 (month, day, year) Signature (File the originally signed paper statement with your filing official.)					
	(·····································		#0-0350000		and the same of th	