

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date of Filing Received
Imperial County Registrar of Voters

JUL 30 2026

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Gonzalez Javier
Imperial County

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

IV healthcare district - District 7.
Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: IV healthcare district Position: District 7 gy.

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County ☒ County of Imperial
☐ City of ☐ Other

3. Type of Statement (Check at least one box)

- ☒ **Annual:** The period covered is January 1, 2025, through December 31, 2025.
-or- The period covered is _____, through December 31, 2025.
☐ **Assuming Office:** Date assumed _____
☒ **Candidate:** Date of Election 11.3.26 and office sought, if different than Part 1: _____
☐ **Leaving Office:** Date Left _____ (Check one circle below.)
☐ The period covered is January 1, 2025, through the date of leaving office.
-or- ☐ The period covered is _____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

- ☐ **Schedule A-1 - Investments** – schedule attached ☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached
☐ **Schedule A-2 - Investments** – schedule attached ☐ **Schedule D - Income – Gifts** – schedule attached
☐ **Schedule B - Real Property** – schedule attached ☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached
☐ **Attachment 700-P - Prospective Employment (87200 Filers Only)** – schedule attached

-or- ☒ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
[REDACTED]
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
[REDACTED]

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 information provided is true and correct.

Date Signed 7/30/26
(month, day, year)

Signature

(signed paper statement with your filing official.)