

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

Registrars  
of Voters  
Date Initial Filing Received  
AUG 07 2026

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Klockmann Mary  **Imperial County**

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

Magnolia Union School District Board member

Division, Board, Department, District, if applicable

Your Position

N/A

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

Agency: N/A

Position: N/A

**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.

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle below.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2025.

☐ The period covered is January 1, 2025, through the date of leaving office.

-or-

☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☒ **Candidate:** Date of Election 11/3/2026 and office sought, if different than Part 1: \_\_\_\_\_

**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  
(Business or Agency Address Recommended - Public Document)

[Redacted Address]

DAYTIME TELEPHONE NUMBER

[Redacted Phone Number]

EMAIL ADDRESS

[Redacted 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 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.

Date Signed

8/4/2026  
(month, day, year)

Signature

[Redacted Signature]

(Print the originally signed paper statement with your filing official.)