

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

Register
of Voters
Date Initial Filing Received

JUL 28 2026

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) **Imperial County**
Sosa Cristina

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Central Union High School District

Division, Board, Department, District, if applicable

Governing Board

Your Position

Candidate for Governing Board Member

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

Agency: _____ Position: _____

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

☐ State

☐ Multi-County _____

☐ City of _____

☐ Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

☒ County of **Imperial**

☐ 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 _____

☐ **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.

☒ **Candidate:** Date of Election **11/03/2026** 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 A-2 - Investments** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Attachment 700-P - Prospective Employment (87200 Filers Only)** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule D - Income - Gifts** – schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** – 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)

DAYTIME TELEPHONE NUMBER

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 **07/28/2026**
(month, day, year)

Signature _____