

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Ini**RECUINE** Deceived

JUL 29 2022

Please type or print in ink.	PINER COUNTY ELECTIONS
IAME OF FILER (LAST) (FIRST)	(MIDDLE)
Shackelford Mari	Letha
. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
Division, Board, Department, District, if applicable	Destract Your Position
Later detunion Edward Strict If filling for mulliple positions, list below or on an attachment. (Do not us	Board member Lyea 3
Thing of the special of the bolon of the differential (50 for the	o dolonyme,
Agency:	Position:
. Jurisdiction of Office (Check at least one box)	
State	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County	Decounty of Kings
City of	Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2021, through December 31, 2021.	Leaving Office: Date Left/
The period covered is	☐ The period covered is January 1, 2021, through the date of leaving office.
Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
Candidate: Date of Election 11/08/22 and office sought, if different than Part 1:	
I. Schedule Summary (must complete) ► Total number Schedules attached	of pages including this cover page:
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Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- None - No reportable interests on any schedule	
5. Verification	
MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
f./C	wford CA 93250
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS A C MOSTO CKIS @ CMOST CENT
I have used all reasonable diligence in preparing this statement. I have reviewherein and in any attached schedules is true and complete. I acknowledge	wed this statement and to the best of my knowledge the information contained
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Date Signed Annually, day, yebr)	(File the originally signed paper statement with your filing official.)
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