CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT



Kings County Elections

Please type or print in ink.		
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Chavarin	Cisa	W
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Hanbord Joir	y Union H	ligh School District
Division, Board, Department, District, if ap	plicable	Your Position
Area 1		Truster
► If filing for multiple positions, list below	or on an attachment. (Do not use	acronyms)
Agency: Wrea		Position: Trustee
2. Jurisdiction of Office (Check at	least one box)	J-220
State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		Wother School District
3. Type of Statement (Check at lea		
••	•	Leaving Office: Date Left/
Annual: The period covered is January 1, 2021, through December 31, 2021.		(Check one circle.)
-or- The period covered is December 31, 2021.	, through	The period covered is January 1, 2021, through the date of leaving officeor-
Assuming Office: Date assumed _		The period covered is
Candidate: Date of Election 11-	8-22 and office sought,	if different than Part 1:
CONTRACTOR	NORTH DESCRIPTION OF THE PROPERTY OF THE PROPE	of pages including this cover page:
Schedules attached	The same of the sa	
Schedule A-1 - Investments - sci	hedule attached	Schedule C - Income, Loans, & Business Positions - schedule attache
Schedule A-2 - Investments - sc	noudio dilacitos	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - sci	nedule attached	Schedule E - Income - Glfis - Travel Payments - schedule attached
-or- None - No reportable inte	rests on any schedule	
5. Verification	OUTV	OTATE TIP CODE
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY ic Document)	STATE ZIP CODE
		Armona CA 93202
DAYTIME TELEPHONE NUMBER	I	EMAIL ADDRESS Chavaring hotmal, com
		wed this statement and to the best of my knowledge the information contain
herein and in any attached schedules is I certify under penalty of perjury unde	·	nia that the foregoing is true and correct
Date Signed 7 - 18 - 2	<u>22 s</u>	Ignature
(month, day, year,)	(File the originally signed paper statement with your filing official.)