CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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	se type or print in link.					
	OF FILER (LAST) GUNDES	(FIRST) KEITH			(MIDDLE)	KINES COUNTY BLECTIONS
		NEITH			L	
-	ffice, Agency, or Court					- 4,
	gency Name (Do not use acrony) District Attoreny, County of	* .				
****	ivision, Board, Department, Distric			Your Position		,
	District Attorney, County of			District Attorney		
_	If filing for multiple positions, list	<u> </u>	(Do not use acron			*
				•		
A	gency: CAI RAN ID/District	Attorney/Comm. Cor.	Parmership	Position: Board Mer	nper	
2. J	urisdiction of Office (Che	ck at least one box)				
	State '			Judge, Retired Judge, (Statewide Jurisdiction)	Pro Tem J	udge, or Court Commissioner
	Multi-County			County of KINGS		
	City of			Other		
	ype of Statement (Check				· · · · · · · · · · · · · · · · · · ·	
	Annual: The period covered is December 31, 2021.	January 1, 2021, through		Leaving Office: Date	Left (Check on	
	-or- The period covered is December 31, 2021.	·	., through	The period covere leaving office.	d is Janua	ry 1, 2021, through the date of
	Assuming Office: Date assur	ned				_/
	Candidate: Date of Election	and of	ffice sought, If differ	ent than Part 1:		
4. S	chedule Summary (mus	t complete) ▶ Total	number of pa	ges including this o	cover pa	ige:
	chedules attached			-	·	**************************************
	Schedule A-1 - Investments	schedule attached	Sche	luie C - Income, Loans,	& Busines	s Positions schedule attached
÷	Schedule A-2 - Investments	- schedule attached	Sche	dule D - Income – Gifts -	- schedule	attached
	Schedule B - Real Property	- schedule attached	Sche	tule E - Income Gifts -	- Travel Pa	ayments - schedule attached
-or	- 🗌 None - No reportable	interests on any sched	ule			
5. V	erification	CONTRACTOR OF THE PROPERTY OF			CHOOP BY INNOVANIENCE	обонк бита бита поможно постанова раздоро продородно раздели по деновата в поможно в не вограни в од <u>надродн</u>
	AlUNG ADDRESS STREET Business or Agency Address Recommended	- Public Document)	CITY	S	TATE	ZIP CODE
		,	HANFORD	С	A	93230
Di	aytime telephone number		1	DDRESS		,
13	ave used all reasonable dilinence	in proparing this statement.		ndeslaw@gmail.co		nowledge the information contained
he	erein and in any attached schedule	s is true and complete. I ac	knowledge this is a	public document.	St Of HIS K	nowleage the infortitation colliabled
10	certify under penalty of perjury	inder the laws of the State	of California that	the foregoing is true a	nd correct	i.
n.	ate Signed 1-24-2	~	سالمسائ			
D.S	ate Signed 1-24-2 (month, da	y, year)	Signatur		ned paper sta	lement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

investments must be itemized. Do not attach brokerage or financial statements.

CALIFORNIA FORM / U	J
FAIR POLITICAL PRACTICES COMMISSIO	N
Name	
•	
Name	

>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	GLENDALE BUILDING MANAGEMENT	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	PROPERTY MANAGEMENT	
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	MATURE OF INVERTMENT	NATURE OF INVESTMENT
	NATURE OF INVESTMENT Stock Other	D out of the state
	(Describe)	(Describe)
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
<u> </u>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
		TAID MADVET VALUE
	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	\$1,000,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
	(Describe)	(Describe)
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
<u> </u>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	CENTER DECORM FIGHT OF THIS DECIMEDS	
	EAID MADVET VALUE	FAIR MARKET VALUE
	FAIR MARKET VALUE \$10,001 - \$100,000	\$2,000 - \$10,000 \ \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	☐ Stock ☐ Other	Stock Other (Describe)
	(Describe) ☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$600 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	, ,94 , ,94	/ /21 / /21
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
		11
c	omments:	·
•	V151111V11V11	

SCHEDULE B

Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

-000 CITY HANFORD	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000 NATURE OF INTEREST Ownership/Deed of Trust Easement Leasehold Yrs. remaining Other IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 OVER \$100,000 S10,001 - \$100,000 OVER \$100,000 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None
	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows:
business on terms available to members of the public	without regard to your official status. Personal loans and
business on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and siness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of business of Lender* Shick Occupations Address Acceptable) Business Activity, IF ANY, OF LENDER	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* Shick Office State (Business Address Acceptable)	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* Shick Office Course of business Address Acceptable) Business (Business Address Acceptable) Business Activity, IF ANY, OF LENDER Relica Health Care Administration (Months/Years)	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* Shica OCCUPATION ADDRESS (Business Address Acceptable) Business Activity, IF ANY, OF LENDER Business Activity, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* Shela OCX EXAMPLE ADDRESS (Business Address Acceptable) Business Activity, IF ANY, OF LENDER Business Activity, IF ANY, OF LENDER INTEREST RATE None None 30 Years	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* Shick Office Address Acceptable BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) MONTH None HIGHEST BALANCE DURING REPORTING PERIOD	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*