

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received

AUG 0 5 2024

Ple	aase type or print in ink.							
ΝA	ME OF FILER (LĄST)	(FIRST)			(MIDDLE) KIN	GS COUNTY	ELECTIONS	
K.,	RAMIRET	- Auc	19	<	DIAZ	r navor ^{io}		
1.	Office, Agency, or Co							
	gency Name (Do not use acronyms)							
	CINES COUNTY TECHNO DE EDUCATION TRUSTEE D.S. ivision, Board, Department, District, if applicable Your Position							
	Division, Board, Department, D	District, if applicable		Your Position				
	► If filing for multiple position	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			Judge, Retired Judge, Pro Tem Judge, or Court Commissioner				
	—			(Statewide Jurisdiction)				
	Multi-County			County of _ tin	scath c	const	¢:	
				Other		-		
3.	Type of Statement (Check at least one box)							
	Annual: The period covered is January 1, 2023, through December 31, 2023,			Leaving Office: Date Left/				
	-Or-		through		•	,	e date	
	The period covered is							
	Assuming Office: Date	assumed		☐ The period covere	ed is/		_, through	
	the date of leaving office.							
	Candidate: Date of Election 11/5 124 and office sought, if different than Part 1:							
Δ	Schedule Summary (required) ► Total number of pages including this cover page:							
-11	Schedules attached		namber of	pages moluting this	cover page.			
			[~] c.	shadula C. Jusama Jasua	8 Dunings Day	Wana albadid		
				chedule C - Income, Loans, & Business Positions – schedule attached chedule D - Income – Gifts – schedule attached				
				chedule E - Income - Gifts - Travel Payments - schedule attached				
-(or- Z''None - No repor	rtable interests on any sched	lule					
5.	Verification	**************************************		Miller Miller (Miller Mariera les Mundes e un manaren en annoncen annoncen annoncen annoncen annoncen annoncen		A made of consider a money and consider the constant of the co	X	
		STREET	CITY		STATE	ZIP CODE		
	(Business or Agency Address Recomp	THRICHA - PUBNIC DINGSTRANI	ARMO	NA CA	Cy:	3202		
	DAYTIME TELEPHONE NUMBER		EM	IAIL ADDRESS		Ph. cong		
	DAYTIME TELEPHONE NUMBER DAYTIME TELEPHONE NUMBER EMAIL ADDRESS FRANCE OF GRADES FRANCE OF GRADES							
	have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained CO nerein and in any attached schedules is true and complete. I acknowledge this is a public document.							
	-	certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.						
		1						
	Date Signed SK5	1/24	Signa					
_	- (n	nonth, day, year)	_	(File the originally s	ilgned paper statement	with your filing official.		