

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received

AUG 0 8 2024

| County C | Please type or print in ink. | MANCE COUNTY ELECTIONS |
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| 1. Office, Agency, or Court Agency Name (Do not use acronyms) Private P | NAME OF FILER (LAST) (FIRST) | (MIDDLE) |
| 1. Office, Agency, or Court Agency, Name (Do not use accoryons) Frequency Description Description Description | Chavarin Diaz Victo | 2 |
| Division, Board, Department, District, if applicable Nour Position Nour Position | Control Contro | |
| If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: | Armona Community Serv | ice District Board |
| Agency: | · ,1 | |
| 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner Statewide Jurisdiction) County of | ▶ If filing for multiple positions, list below or on an attachment. (Do not to | use acronyms) |
| State Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County County of County of Other Armona Community Service Plastines | Agency: | Position: |
| (Statewide Jurisdiction) County of | 2. Jurisdiction of Office (Check at least one box) | |
| City of Armona Community Selvice District | State | |
| 3. Type of Statement (Check at least one box) □ Annual: The period covered is January 1, 2023, through December 31, 2023. □ The period covered is January 1, 2023, through December 31, 2023. □ The period covered is January 1, 2023, through December 31, 2023. □ Assuming Office: Date assumed January 1, 2023, through the date □ Candidate: Date of Election 1 5 7 2 4 and office sought, if different than Part 1: □ Candidate: Date of Election 1 5 7 2 4 and office sought, if different than Part 1: □ Schedule Summary (required) Schedules attached □ Schedule A-1 Investments – schedule attached □ Schedule B- Income, Loans, & Business Positions – schedule attached □ Schedule B- Income – Gifts – schedule attached □ Schedule | Multi-County | |
| Annual: The period covered is January 1, 2023, through December 31, 2023. The period covered is January 1, 2023, through December 31, 2023. The period covered is January 1, 2023, through the date of leaving office. Assuming Office: Date assumed | City of Armona | Dother Armona Community Service District |
| The period covered is | 3. Type of Statement (Check at least one box) | |
| The period covered is | December 31, 2023. | Leaving Office: Date Left |
| Assuming Office: Date assumed | The period covered is/, through | of leaving office. |
| 4. Schedule Summary (required) | Assuming Office: Date assumed | ☐ The period covered is, through |
| Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Schedule Attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Schedule Attached | Candidate: Date of Election 11-5-24 and office soug | ht, if different than Part 1: |
| Schedule A-1 - Investments – schedule attached Schedule D - 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 STATE Payments – schedule attached CITY STATE PAYTIME TELEPHONE NUMBER EMAIL ADDRESS 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. Signature | | er of pages including this cover page: |
| Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached None - No reportable interests on any schedule The income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached | Scriedules attached | |
| Schedule B - Real Property - schedule attached -Or- None - No reportable interests on any schedule 5. Verification MalLing Address Street CITY STATE ZIP CODE (Pusiness or Anency 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 Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached State Signature Signature | | |
| 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) DAYTIME TELEPHONE NUMBER EMAIL ADDRESS LC - dodges wor Mail. Com 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 Signature Signature | 3 500 C 100 | |
| MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) Armong CA 93202 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS LC - dodgers & Not mail. Com 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. Signature Signature | -or- None - No reportable interests on any schedule | |
| DAYTIME TELEPHONE NUMBER DAYTIME TELEPHONE NUMBER EMAIL ADDRESS C | 5. Verification | |
| DAYTIME TELEPHONE NUMBER Armong | | STATE ZIP CODE |
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| I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 8/8/24 Signature | | viewed this statement and to the best of my knowledge the information contained |
| _ | | |
| | Date Signed 8/8/24 (month, day, year) | Signature |