

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filling Received

AUG 0 9 2024

Please type or print in ink.

KINGS COUNTY FLECTIONS

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Valadez	Raul	Cervantes
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
RSUS D Boar	d areaz	
Division, Board, Department, District, if app	· · · · · · · · · · · · · · · · · · ·	Your Position
► If filing for multiple positions, list below	or on an attachment. (Do not i	I A A A A A A A A A A A A A A A A A A A
Firming to manaple positions, list below a	эгон ан амасиненс. (<i>Do nor a</i>	ise acionyms)
Agency:		Position:
2. Jurisdiction of Office (Check at I	east one box)	
State		☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
		(Statewide Jurisdiction)
Multi-County		County of
Wayor Ayeral PLV		Fother RSUSD Board area?
700		DAIL MIES C
3. Type of Statement (Check at leas	t one box)	
Annual: The period covered is Janua	ry 1, 2023, through	Leaving Office: Date Left/
December 31, 2023,		(Check one circle.)
The period covered is	, through	The period covered is January 1, 2023, through the date
December 31, 2023.		of leaving officeor-
Assuming Office: Date assumed		☐ The period covered is, through
		the date of leaving office.
Candidate: Date of Election	5/24 and office sough	nt, if different than Part 1:
4. Schedule Summary (required)	► Total numbe	er of pages including this cover page:
Schedules attached	P Total Hambe	or pages morading this cover page.
ochedules attached		_
Schedule A-1 - Investments sche	(Schedule C - Income, Loans, & Business Positions - schedule attached
		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - sche	dule attached	Schedule E · Income - Gifts - Travel Payments - schedule attached
-or- Wone - No reportable intere	ests on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public I	Occurrenti CITY	STATE ZIP CODE
Fremont		enai (A 93204
DAYTIME TELEPHONE NUMBER	7700	EMAIL ADDRESS
		EMAIL ADDRESS FUCICITY OF Averal. US
		iewed this statement and to the best of my knowledge the information contained
· ·		ornia that the foregoing is true and correct.
Date Signed 8-9-24		Signature
(month, day, year)		(File the originally signed paper statement with your filing official.)