

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received

KINGS COUNTY ELECTIONS

ease type or print in ink.		
ME OF FILER (LAST)	(FIRST)	(MIDOLE)
Aguilera	michael	Anthony
Office, Agency, or Court		
	Communit	ty Services District Your Position
► If filing for multiple positions, list belo	 w or on an attachment. <i>(Do n</i>	not use acronyms)
Agency:		Position;
Jurisdiction of Office (Check a	it least one box)	
State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of Kings
City of Kettheman Cit	<u>-</u>	Other Kettleman City Community Services Dish
. Type of Statement (Check at le	ast one box)	
Annual: The period covered is January 1, 2023, through December 31, 2023.		Leaving Office: Date Left/(Check one circle.)
The period covered is December 31, 2023.		rough The period covered is January 1, 2023, through the date of leaving office.
		☐ The period covered is, through the date of leaving office.
Candidate: Date of Election/	-5-24 and office so	sought, if different than Part 1:
Schedule Summary (require Schedules attached	d) ► Total nun	mber of pages including this cover page:/
Schedule A-2 - Investments – s	chedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached
or- 🗷 None - No reportable int	erests on any schedule	
Verification	Hall to the state of the state	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Pub	niic Document)	state zipcode Settleman City CA 93239
DAYTIME TELEPHONE NUMBER		MAGUILOR @ RSUSD. DRG
		we reviewed this statement and to the best of my knowledge the information contained wledge this is a public document.
I certify under penalty of perjury und	er the laws of the State of Co	California that the foregoing is true and correct.
Date Signed 8-9-24	ar)	Signature
	Office, Agency, or Court Agency Name (Do not use acronyms) Cettleman City Division, Board, Department, District, if a If filing for multiple positions, list below Agency:	Agency Name (Do not use acronyms) Kettleman City Community Division, Board, Department, District, if applicable If filling for multiple positions, list below or on an attachment. (Do Agency: Jurisdiction of Office (Check at least one box) State Multi-County