

STATEMENT OF ECONOMIC INTERESTS COVER PAGE A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)				
Terrazas	Sarah		(MIDDLE)		
1. Office, Agency, or Court			101		
Agency Name (Do not use acronyn	ns)				
Encore Education Corporat					
Division, Board, Department, District		Your Position			
▶ If filing for multiple positions, list	bolow on an array to the	Administrative	Counselor		
▶ If filing for multiple positions, list	below or on an attachment. (Do no	ot use acronyms)			
Agency:		Position:			
		1 031110/1.			
2. Jurisdiction of Office (Che	ck at least one box)				
☐ State	☐ Judge, Retired Ju	☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)			
					(Statewide Jurisdi
Multi-County		County of	County of		
City of			Other		
3. Type of Statement (Check a					
Annual: The period covered is December 31, 2020.	January 1, 2020, through	☐ Leaving Office:	Date Left		
-or-			(Check one		
December 31, 2020 .	/, through	gh O The period of leaving office	overed is Januar	y 1, 2020, through the date of	
Assuming Office: Date assume	O The period co	O The period covered is/_ / through			
Condidate: Del 15 "		the date of le	aving office.	-	
Candidate: Date of Election	and office sou	ught, if different than Part 1:			
Schedule Summary (must	complete) Total num	her of nagos including 4		三日 平安人等列等	
Schedules attached	· / From Hami	ver or pages including th	is cover pag	ge:	
Schedule A-1 - Investments	and the state of t				
Schedule A-2 - Investments -	☐ Schedule A-1 - Investments - schedule attached ☐ Schedule (☐ Schedule A-2 - Investments - schedule attached ☐ Schedule (C - Income, Loans, & Business Positions - schedule attached		
Schedule B - Real Property -	- schedule attached	Schedule D - Income - G	ifts – schedule	attached	
	contodule attached	Ochedule E - Income - G	iπs – Travel Paj	/ments - schedule attached	
or- None - No reportable i	nterests on any schedule				
Verification	on any denounc				
MAILING ADDRESS STREET	CITY				
(Business or Agency Address Recommended - F 16955 Lemon Street	Public Document)		STATE	ZIP CODE	
DAYTIME TELEPHONE NUMBER	Hes	peria	CA	92345	
(760) 949-2036	EMAIL ADDRESS				
I have used all reasonable diligence in	preparing this statement. I have re	sterrazas@encorehic	hschool.cor best of my kno	n Wledge the information contained	
				5 See Submitted	
I certify under penalty of perjury un	uer the laws of the State of Calif	fornia that the foregoing is tru	e and correct.		
Date Signed 3 3 20	12	Signature TLOW	Shell		
(month, day, y	caij .		ally signed paper stater	nent with your filing official.)	