

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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| NAME OF FILER (LAST) | (FIRST) | | | (MIDDLE) | | |
|---|---|-------------|---|---|-----------------------------------|--|
| Barkdull | Ashlin | | | (IIIIDDEE) | | |
| 1. Office, Agency, or Court | | | | | | |
| Agency Name (Do not use acrony | rms) | | | | | |
| Encore Education Corpora | | | | | | |
| Division, Board, Department, Distri | ct, if applicable | | Your Position | | | |
| | | | Executive Man | ogor Con | oral Office/UD | |
| ► If filing for multiple positions, lis | t helow or on an attachment (| Do not upo | | ager - Gerie | erai Office/HR | |
| walle managed poolsions, no | t below of on all attachment. (L | o not use | acronyms) | | | |
| Agency: | | | Position: | | | |
| 2. Jurisdiction of Office (ch | peck at least one hov | | | | | |
| State | teen at least one box) | | | | | |
| _ Grate | | | Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) | | | |
| Multi-County | | County of | | | | |
| City of | | | Other | | | |
| 3. Type of Statement (Check | | | | | | |
| Annual: The period covered December 31, 2020. | is January 1, 2020, through | | ☐ Leaving Office: | Date Left | | |
| The period covered December 31, 2020. | is, t | through | The period co leaving office. | | ry 1, 2020, through the date of | |
| Assuming Office: Date assumed/ | | | O The period co | O The period covered is/, through the date of leaving office. | | |
| Candidate: Date of Election | and offic | e sought, i | if different than Part 1: | | | |
| | | | | | | |
| 4. Schedule Summary (mus Schedules attached | st complete) > Total r | number o | of pages including th | is cover pa | ge: | |
| | | | | | | |
| Schedule A-1 - Investment | | | Schedule C - Income, Los | ans, & Business | s Positions – schedule attached | |
| | s – schedule attached | | | | | |
| Schedule B - Real Propert | y - schedule attached | | Schedule E - Income - G | ifts – Travel Pa | yments – schedule attached | |
| -or- X None - No reportable | e interests on any schedul | 2 | | | | |
| 5. Verification | intereste on any senedali | | | | | |
| MAILING ADDRESS STREET | T | CITY | | STATE | 710 0005 | |
| (Business or Agency Address Recommended 16955 Lemon St. | | | | STATE | ZIP CODE | |
| DAYTIME TELEPHONE NUMBER | | Hesperi | | CA | 92345 | |
| (760) 949-2036 | email address abarkdull@encorel | | | ahschool co | m | |
| I have used all reasonable diligence herein and in any attached schedul | e in preparing this statement. I have in the incomplete. I acknow | ave review | ed this statement and to the | | | |
| | | | | ie and correct | | |
| Date Signed | | | | | | |
| (month, d | ay, year) | | (File the origin | ally signed paper state | ement with your filing official.) | |