CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Filing Official Use Only

A PUBLIC DOCUMENT

Pl	ease type or print in ink.				
NA	ME OF FILER (LAST)	(FIRST)		(MIDDLE)	
C	arter	Candice		(MIDDEL)	
1.	Office, Agency, or Court	AND DESCRIPTION OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND			
	Agency Name (Do not use acronyms)				
	Encore Education Corporation				
	Division, Board, Department, District, if applicab	le	Your Position		
	▶ If filing for multiple positions, liet below or or	on ottochment (D	Administrative	e Counselor	
	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)				
	Agency:		Position:		
2.	Jurisdiction of Office (Check at least	and have			
	Clarks —				
	State		☐ Judge, Retired J	udge, Pro Tem Ju	udge, or Court Commissioner
	Multi-County		(Statewide Jurisdiction)		
			County of		
	City of		Other		
3.	Type of Statement (Check at least one	box)			
	Annual: The period covered is January 1,		Looving Office	Detail off	
	December 31, 2020 .	2020, anough	Li Leaving Office	(Check one	
	The period covered is/_	/through	h O The period o		y 1, 2020, through the date of
	December 31, 2020.	, 111049	leaving office		y 1, 2020, anough the date of
	Assuming Office: Date assumed/			covered is	/, through
	the date of leaving office.				
	Candidate: Date of Election and office sought, if different than Part 1:				
1					
_	Schedule Summary (must complete) Total number of pages including this cover page: Schedules attached				
	Schedule A-1 - Investments - schedule		Schedule C - Income, L	oans, & Business	Positions - schedule attached
	Schedule A-2 - Investments - schedule		Schedule D - Income -		
	Schedule B - Real Property - schedule	attached	Schedule E - Income -	Gifts – Travel Pay	yments - schedule attached
-C	None No reportable interests				
	Verification	on any schedule			
J.					
	(Business or Agency Address Recommended - Public Document	ent) CITY		STATE	ZIP CODE
	16955 Lemon St.	Hes	peria	CA	92345
	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 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.					
					owledge the information contained
true and correct.					
	Date Signed3/11/2021		Signature (VVr.	#
	(month, day, year)			inally signed paper state	ment with your filing official.)

