

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAME OF FILER	(LAST)	(FIRST)		(MIDDLE)	
Gabler		Robert		(WIDDLE)	
1. Office. Ac	gency, or Court				
	ne (Do not use acronyms)				
	ducation Corporation				
	ard, Department, District, if applicable		Your Position		
Board			Board Vice Pro	esident	
▶ If filing fo	or multiple positions, list below or on	an attachment (Do not us		Solution	
Agency:			Position:		
2. Jurisdict	tion of Office (Check at least of	ne hox)			
☐ State	- Total Constitution of the Constitution of th	no boxy	Uludgo Potirod Iu	daa Dra Tara lu	dan an Orant Oranici
			(Statewide Jurisdic	ction)	dge, or Court Commissioner
☐ Multi-Cou	unty		☐ County of		
☐ City of _			Other Charter	School	
3. Type of	Statement (Check at least one	box)			
	: The period covered is January 1, 2		Leaving Office:	Date Left	
-or-	December 31, 2020.			(Check one	
	The period covered is/ December 31, 2020.	/, through	The period con leaving office.		/ 1, 2020, through the date of
Assumi	ing Office: Date assumed/_				, through
☐ Candida	ate: Date of Election	and office sough	t, if different than Part 1:		
Schedule	Summary (must completes attached	e) ► lotal number	of pages including the	nis cover pag	ye:
✓ Soho	dula A.1. Investments and all la		Calculate O	A D .	
Sche	edule A-1 - Investments – schedule a edule A-2 - Investments – schedule a		Schedule D - Income - C	ans, & Business	Positions – schedule attached
	dule B - Real Property - schedule a		Schedule E - Income - G	Gifts - Travel Pay	ments – schedule attached
					mente strictule attached
-or- □ No	<b>ne -</b> No reportable interests o	n any schedule			
5. Verification	on				
MAILING ADDR (Business or Ag	ESS STREET Jency Address Recommended - Public Documer	CITY		STATE	ZIP CODE
16955 Lei	mon Street	Hespe	eria	CA	92345
	PHONE NUMBER		EMAIL ADDRESS		
	rgabler@encoreedcorp.com				
und in	all reasonable diligence in preparing to any attached schedules is true and	complete. I acknowledge	this is a public document.		wledge the information contained
I certify und	er penalty of perjury under the lav	s of the State of Californ	nia that the foregoing is tr	ue and correct.	
Date Signed	03/67/2021		ignature Ruffe	ES COM	Mar

Clear

## SCHEDULE A-1

## **Investments**

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements.

	N
Name	

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Microsoft	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Computers	
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 S10,001 - \$100,000	S2,000 - \$10,000 S10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other(Describe)
(Describe)  Partnership   Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,000 \$100,000 Over \$1,000,000
\$100,001 - \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	▶ NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ /20 / /20	/ /20 / /20
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

