

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms) AGENCY WILL BE LAUSD UNLESS YOU HAVE AN APPROVED CONFLICT OF INTEREST CODE BY FPPC

Division, Board, Department, District, if applicable Your Position

If filing for multiple positions, list each position on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- State Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County County of
City of Other

3. Type of Statement (Check at least one box) SELECT TYPE OF STATEMENT

- Annual: The period covered is January 1, 2018, through December 31, 2018. Leaving Office: Date Left
-or- The period covered is through December 31, 2018.
Assuming Office: Date assumed The period covered is through the date leaving office.
Candidate: Date of Election and office sought, if different than

4. Schedule Summary (must complete) Total number of pages including this cover page:

- Schedules attached CHECK WHICH SCHEDULES YOU NEED TO COMPLETE
Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Expenses - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
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I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained 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.

Date Signed Signature SIGN WITH BLUE INK
(month, day, year) (File the originally signed paper statement with your filing official.)