

COVER PAGE

*A Public Document*

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
			( )	( )
MAILING ADDRESS <i>(Business Address Acceptable)</i>	STREET	CITY	STATE	ZIP CODE
				OPTIONAL: E-MAIL ADDRESS

**1. Office, Agency, or Court**

Name of Office, Agency, or Court: \_\_\_\_\_

Division, Board, District, if applicable: \_\_\_\_\_

Your Position: \_\_\_\_\_

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

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

State

County of \_\_\_\_\_

City of \_\_\_\_\_

Multi-County \_\_\_\_\_

Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual: The period covered is January 1, 2009, through December 31, 2009.

**-or-**

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.

Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

The period covered is January 1, 2009, through the date of leaving office.

**-or-**

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: \_\_\_\_\_

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1  Yes – schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2  Yes – schedule attached  
*Investments (10% or Greater Ownership)*

Schedule B  Yes – schedule attached  
*Real Property*

Schedule C  Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D  Yes – schedule attached  
*Income – Gifts*

Schedule E  Yes – schedule attached  
*Income – Gifts – Travel Payments*

**-or-**

No reportable interests on any schedule

**5. Verification**

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Date Signed \_\_\_\_\_  
*(month, day, year)*

Signature \_\_\_\_\_  
*(File the originally signed statement with your filing official.)*