CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

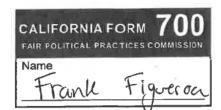
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Please type or print in ink.						
AME OF FILER (LAST)	(F	(RST)		(MIDDLE)	0	
ti guero	الم	Frank			<u> </u>	
Office, Agency, or C	ourt					
Agency Name (Do not use						
City	of Coache	ella		<u> </u>		
Division, Board, Department,	District, if applicable		Your Position			
City	f Countel	la		afor.		
► If filing for multiple position	ons, list below or on an at	tachment. (Do not use	acronyms)	1		
174			Desition:			
Agency:			Fosition.			
. Jurisdiction of Offic	e (Check at least one b	iox)				
State			 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) 			
Multi-County			County of			
City of Coachella			Other			
3. Type of Statement (Check at least one box)					
December 31,	vered is January 1, 2023, , 2023.	through		(Check one		
-or- The period co December 31,	vered is/	, through	of leaving office		1, 2023, through the date	
Assuming Office: Date	e assumed/	J	The period cover the date of leav		, through	
✓ Candidate: Date of Ele	ection 211/5/24	and office sought, if	different than Part 1:			
<u> </u>					_	
Schedule Summary		► Total number o	f pages including this	s cover pag	e;	
Schedules attached	ď .					
	stments – schedule attach				Positions – schedule attached	
	stments - schedule attach	1	Schedule D - Income – Gift Schedule E - Income – Gift			
Schedule B - Real F	Property - schedule attach	ed 📖	Schedule E - Income - On	is - Haverray	ments — schedule attached	
or Mono No rone	ortable interests on a	ny schedule				
	mable interests on ar	ly schedule				
i. Verification MAILING ADDRESS	STREET	СПУ		STATE	ZIP CODE	
(Rusiness of Agonou Address Recor	mmended - Public Document)			<i>C</i>	92234	
DAYTIME TELEPHONE NUMBER		l le	MAIL ADDRESS	CA	70004	
(740) 398.3	507	.				
I have used all reasonable di	iligence in preparing this s	tatement. I have reviewe	ed this statement and to the	best of my kno	wledge the information contained	
herein and in any attached s	schedules is true and com	plete. I acknowledge th	is is a public document.			
I certify under penalty of p	erjury under the laws of	f the State of California	that the foregoing is true	and correct.		
Date Signed	15/24	Sig	nature			
	(month, day, year)		20			

SCHEDULE C Income, Loans, & Business **Positions**

(Other than Gifts and Travel Payments)



1. INCOME RECEIVED	► 1. INCOME RECEIVED		
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME		
Borrego Community Health Foundation ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
Health CARE BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Trustee YOUR BUSINESS POSITION	YOUR BUSINESS POSITION		
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$1,001 - \$100,000 OVER \$100,000	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000		
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)		
Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)		
Sale of(Real property, car, bost, etc.)	Sale of(Real property, car, boat, etc.)		
Loan repayment	Loan repayment		
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more		
(Describe)	(Describe)		
Other	Other		
(Describe)	(Describe)		
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's		
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)		
ADDRESS (Business Address Acceptable)	% None		
	SECURITY FOR LOAN ' None		
BUSINESS ACTIVITY, IF ANY, OF LENDER	Real Property		
HIGHEST BALANCE DURING REPORTING PERIOD	Street address		
\$500 - \$1,000	City		
\$1,001 - \$10,000	1 Customer		
\$10,001 - \$100,000	Guarantor		
OVER \$100,000	Other		
OVER \$100,000	Other (Describe)		