## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAME OF FILER (LAST)	\	(FIRST)		(MIDDLE)	_		
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1. Office, Agency, o	or Court						
Agency Name (Do not							AU
City o	of Coachell	5	Cor	uncil Mer	nher		ی 
Division, Board, Depart	ment, District, if applicable		Your Posi	ion			•
1	410						
▶ If filing for multiple p	positions, list below or on ar	attachment. (Do not	use acronyms)		,	5	Ġ
<b>N</b>	JIA.		Desitions	NIA		24	2
Agency:	•		Position:			=	777
2. Jurisdiction of C	Office (Check at least on	e box)				55	The C
State	,	,	☐ Judge, F	Retired Judge, Pro Tem J	udge, or Court Co	_	original states
Ciale				de Jurisdiction)		3	30
Multi-County			County	of		က္	<u> </u>
City of Coa				•		<u>5</u> 3	5
							22
3. Type of Stateme	ent (Check at least one b	ox)					
	od covered is January 1, 20	23, through	Leavin	g Office: Date Left (Check on			
-01-	er 31, 2023.		. i The	e period covered is Janua	,	h the date	
-	od covered is/ er 31, 2023.	_/, throug	11	eaving office.	., 1, 2020, anoug	,, 0.0 00.0	
	Date assumed/		The	period covered is date of leaving office.	JJ	, throu	gh
X Candidate: Date	of Election 11-05-2	and office sou	ght, if different than F	Part 1:			
4. Schedule Summ	ary (required)	► Total numb	er of pages incl	uding this cover pa	ge:		
Schedules attac	ched		, ,				
Schodule A-1 -	Investments - schedule att	ached	Schedule C - II	ncome, Loans, & Busines	s Positions – sche	edule attaci	hed
	Investments - schedule att			ncome - Gifts - schedule			
	Real Property - schedule att		Schedule E - II	ncome – Gifts – Travel Pa	ayments – schedul	le attached	١
. –							
-or- Mone - No	reportable interests or	any schedule					
5. Verification				CA.	9223	3-6	
MAILING ADDRESS	STREET Recommended - Public Document	CITY		STATE	ZIP CODE		
(Business of Agency Address	Recommended - Paolic Document,	,					
DAYTIME TELEPHONE NUM	BER		EMAIL ADDRESS				
herein and in any attac	ble diligence in preparing the hed schedules is true and c	complete. I acknowled	ge this is a public do	ocument.		nation conf	tained
I certify under penalty	of perjury under the laws	s of the State of Calif	ornia that the foreg	oing is true and correc	t.		
2	- 21-24		Cimpoture				
Date Signed	month day year		Signature		th your filing offi	icial.)	