

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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A Maria Committee Committe			
NAME OF FILER (LAST) MANN	(FIRST)	(MIDDLE)	e 25 APR -2 PM
1. Office, Agency, or Court		and the second s	CITY OF COSTA
Agency Name (Do not use acronyms)		Λ Λ	BY
Costa Mesa		Arts Commi	SSIGNER
Division, Board, Department, District, if applicable	е	Your Position	
\blacktriangleright If filing for multiple positions, list below or on	an attachment. (Do not u	ise acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least	one box)		
State		Judge, Retired Judge, Pro Tem Jud (Statewide Jurisdiction)	dge, or Court Commissioner
Multi-County		County of	
Xcity of Costa Mesa			
3. Type of Statement (Check at least one	box)	NAYYAN TUMA KISAN MATENDIPATA KISAN MENJANG SAKI SAKI SAKI SAKI MASALAH KISAN SAKI MENJANGAN PANJAN SAKI SAKI SAKI SAKI SAKI SAKI SAKI SAKI	AND AND THE COLORS OF A REST OF A SECURE O
Annual: The period covered is January 1, December 31, 2023.	2023, through	Leaving Office: Date Left(Check one	
The period covered is/ December 31, 2023.	/, through	The period covered is January of leaving office.	y 1, 2023, through the date
		The period covered is the date of leaving office.	, through
Candidate: Date of Election	and office sough	nt, if different than Part 1:	
4. Schedule Summary (required)	► Total numbe	er of pages including this cover pag	ge:
Schedules attached			
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 a	A 10 A07 004 104 16
Schedule B - Real Property – schedule	attached	Schedule E - Income – Gifts – Travel Pay	/ments – schedule attached
-or- None - No reportable interests	on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency-Address Recommended - Public Docum	ent) CITY	STATE	ZIP CODE
77 taie De	COSTA ME	SA CA	92.620
DAYTIME TELEPHONE NUMBER (714) 754- 5221		EMAIL ADDRESS	cha a (
I have used all reasonable diligence in preparing	this statement. I have rev	iewed this statement and to the best of my kno	
herein and in any attached schedules is true and		*** - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	-9
I certify under penalty of perjury under the la	ws of the State of Califo	ornia that the foregoing is true and correct.	
Date Signed 4/2 (month, day, year)		Signature	ement with your Ning official.)