CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received
K.E. Gilmo Phylolysis 9nly
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AME OF FILER (LAST) (FIRST)	(MIDDLE)
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Office, Agency, or Court	8Y 96/
Agency Name (Do not use acronyms)	
City OF COSTA MISA	CommissionER - Mair
Division, Board, Department, District, if applicable	Your Position
Arto Commodien	
▶ If filing for multiple positions, list below or on an attachment. (Do not use	acronyms)
Agency	D-W
Agency:	Position:
Jurisdiction of Office (Check at least one box)	
State	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
_	(Statewide Jurisdiction)
Multi-County	County of
City of OSTA MUSA	Other
Type of Chatemanh (a)	
. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2023, through December 31, 2023.	Leaving Office: Date Left/(Check one circle.)
The period covered is, through	The period covered is January 1, 2023, through the date
December 31, 2023.	of leaving office.
Assuming Office: Date assumed	The period covered is, through the date of leaving office.
Candidate: Date of Election and office sought, if	f different than Part 1:
Schedule Summary (required) ► Total number of	A named including this according
Schedules attached	of pages including this cover page:
_	
	Schedule C - Income, Loans, & Business Positions – schedule attached
	Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached
Scriedule B - Real Property – scriedule altaciled	Contention = Onto = Haver Payments = Scriedule attached
or- None - No reportable interests on any schedule	
Verification	
MAILING ADDRESS STREET . CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)	THE MUSTA OA 92626
DAYTIME TELEPHONE NUMBER	CIEBRA Quitsandlearning
I have used all reasonable diligence in preparing this statement. I have reviewed	ed this statement and to the best of my knowledge the information contained
herein and in any attached schedules is true and complete. I acknowledge the I certify under penalty of perjury under the laws of the State of California	CARROLLER IN BOUNDE CON OUN LONG WATER ON OXHIVE
3/3/21/	
	nature
(month, day, year)	(File the originally signed paper statement with your filing official.)