CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS CITY OF STATEMENT **COVER PAGE**

A PUBLIC DOCUMENT

JUL 3 0 2024

Please type or print in ink.

IAME OF FILER (LAST) . (FIRST)	(MIDDLE)
MCXLeall Lois	
. Office, Agency, or Court	
Agency Name (<i>Do not use acronyms</i>) C + o + S an (Division, Board, Department, District, if applicable	Temente City Comed Candidate De
► If filing for multiple positions, list below or on an attachment.	(Do not use acronyms)
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
Xcity of San Clemente	Other
. 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 of leaving office.
Assuming Office: Date assumed/ and off	the date of leaving office
Schedule Summary (required) ► Total	number of pages including this cover page:
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 attached Schedule E - Income - Gifts - Travel Payments - schedule attached
Schedule B - Real Property - schedule attached	Solieudie E - moonie - Onto - Haven't dymonie - Solieudie diddolod
or- 🗟 None - No reportable interests on any schede	ule
Verification	per de articles control de la productiva de la control de la cont
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE ZIP CODE
910 Calle Nessero San C	lemente Ca 92423
and the tri callant hundry	EMAI
I have used all reasonable diligence in preparing this statement. I herein and in any attached schedules is true and complete. I ac	I have reviewed this statement and to the best of my knowledge the information containe sknowledge this is a public document.
I certify under penalty of perjury under the laws of the State	
Date Signed 7/30/2024	Signature
(month, day, year)	(File the originally signed paper statement with your filing official.)