CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received

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PΙε	ease type or print in ink.				ELV ID EVENTMYHIN	
NA	ME OF FILER (LAST)	(FIRST)		(MIDDLE)		
	Hill	Erinn		MICA	relle.	
1.	Office, Agency, or Court					
Agency Name (Do not use acronyms) EIKCHOVE POLICE DEPARTMENT DECORDS SUPERN					permisor	
	Division, Board, Department, District, i	f applicable	Your Po			
► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)						
	Agency:		Position	i și		
2. Jurisdiction of Office (Check at least one box)						
	State Multi-County			 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) 		
			County	County of		
	Ricity of EIK CITOVE	/	Other			
_	Type of Statement (Check at					
	Annual: The period covered is January 1, 2023, through December 31, 2023.		Leavi	Leaving Office: Date Left/(Check one circle.)		
	-or- The period covered is December 31, 2023.	, throu	·9··	ne period covered is January leaving office.	1, 2023, through the date	
	Assuming Office: Date assume	010 ,20, 2024	TI	ne period covered is/. e date of leaving office.	, through	
	Candidate: Date of Election	and office so	ought, if different than	Part 1:		
4. Schedule Summary (required) ► Total number of pages including this cover page:					e: 1	
	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 B - Real Property -	schedule attached	Schedule E -	Income - Gifts - Travel Pay	ments – schedule attached	
-or- ★ None - No reportable interests on any schedule						
-	Verification	,				
•	MAILING ADDRESS STREET	CIT	Υ	STATE	ZIP CODE	
	(Business or Agency Address Recommended -		inconore	CAT	957560	
DAYTIME TELEPHONE NUMBER DAYTIME TELEPHONE NUMBER EMAIL ADDRESS EMAIL ADDRESS						
(a14) 476 6170						
	have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information containerein and in any attached schedules is true and complete. I acknowledge this is a public document.					
	certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
	Date Signed Oecember (month, day,	17.2024 year)	Signature	(File the originally signed paper states	ment with your filing official.)	