

## STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Date Initial Filing Received

Please type or print in ink.	
NAME OF FILER (LAST) (FIRST)	(MIDDLE)
LAWSON EDWAND	JO1410
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
Spalding Community Course Districe	<i>t</i>
Division, Board, Department, District, if applicable	Your Position
Board	Board Member
► If filing for multiple positions, list below or on an attachment. (Do not use	
I filling for multiple positions, has below of on an attachment. (50 net acc	asising.
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
State	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
_	(Statewide Jurisdiction)
Multi-County	County of Lagger
City of	Other Symldony Comprising Service Dist
3. 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 December 31, 2023.	☐ The period covered is January 1, 2023, through the date of leaving office.  -or-
Assuming Office: Date assumed	The period covered is, through the date of leaving office.
Candidate: Date of Election and office sought,	if different than Part 1:
Candidate. Date of Election and office sought,	I dillotofic than 1 dic 11
4. 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 D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
Contradic B - Nour Property - Contradic addition	
-or- None - No reportable interests on any schedule	
5. Verification	
MAILING ADDRESS STREET CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)	ille (A 96170
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(530)806-0199	dancedjed@gmail.com
I have used all reasonable diligence in preparing this statement. I have review	
herein and in any attached schedules is true and complete. I acknowledge to	this is a public document.
I certify under penalty of perjury under the laws of the State of Californ	ia that the foregoing is true and correct.
•	
Date Signed July 11, 2024 Si	gnature
/(month, day, year)	(File the originally signed paper statement with your filing official.)