

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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NAME OF FILER (LAST)

Gonzalez

(FIRST)

Daritza

(MIDDLE)

S.

CITY OF SIGNAL HILL
AUG 7 '24 PM4:38

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Signal Hill

86
City Clerk candidate

Division, Board, Department, District, if applicable

Your Position

Appointed City Clerk

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

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 _____ City of _____

Signal Hill

 Other _____

3. Type of Statement (Check at least one box)

 Annual: The period covered is January 1, 2021, through December 31, 2021. Leaving Office: Date Left ____/____/_____
(Check one circle.)

-or- The period covered is ____/____/_____, through December 31, 2021.

 The period covered is January 1, 2021, through the date of leaving office. Assuming Office: Date assumed ____/____/_____
_____ The period covered is ____/____/_____, through the date of leaving office. Candidate: Date of Election 11/5/24 and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

 Schedule A-1 - Investments - schedule attached
 Schedule A-2 - Investments - schedule attached
 Schedule B - Real Property - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule D - Income - Gifts - schedule attached
 Schedule E - Income - Gifts - Travel Payments - schedule attached-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

2175 Cherry Ave.

CITY

STATE

ZIP CODE

90755

DAYTIME TELEPHONE NUMBER

(562) 989-7300

EMAIL ADDRESS

daritzagonzalez95@gmail.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed 08/02/24
(month, day, year)

Signature [Redacted]

Print

Clear