CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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Please type or print in ink.			200 MINGE	LLO COUMIT	
NAME OF FILER (LAST)	(FIRST)		CUMPOSEC -	8 AM 8: 14	
Archuleta	Debra				
1. Office, Agency, or Court			14010311	וואני פי אטר	
Agency Name (Do not use acronyms)					
Los Angeles County District A	Attorney				
Division, Board, Department, District, if applicable		Your Position			
District Attorney		Candidate	Candidate for District Attorney		
▶ If filing for multiple positions, list below	ow or on an attachment. (Do no	ot 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 Los Angeles			
		Other			
3. Type of Statement (Check at I	laset and havi				
Annual: The period covered is Ja December 31, 2022.		Leaving C	Office: Date Left(Check one		
-or- The period covered is December 31, 2022.	, throu	911	eriod covered is January g office.	1, 2022, through the date of	
Assuming Office: Date assumed	I	☐ The pe	eriod covered is	, through	
■ Candidate: Date of Election	/05/2024 and office so	ought, if different than Part	t 1:		
4. Schedule Summary (require	ed) ► Total num	ber of pages includ	ling this cover pag	e: /	
Schedules attached					
Schedule A-1 - Investments -	schedule attached	Schedule C - Inco	ome, Loans, & Business	Positions - schedule attached	
Schedule A-2 - Investments -	schedule attached	Schedule D - Inco	ome – Gifts – schedule a	ittached	
Schedule B - Real Property -	schedule attached	Schedule E - Inco	ome – Gifts – Travel Pay	ments - schedule attached	
-or- None - No reportable in	iterests on any schedule				
5. Verification					
MAILING ADDRESS STREET (Business or Agency Address Recommended - Po	CIT	Υ	STATE	ZIP CODE	
,		orwalk	CA	90650	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
()					
I have used all reasonable diligence in herein and in any attached schedules				wledge the information contained	
I certify under penalty of perjury un	der the laws of the State of Ca	alifornia that the foregoi	ng is true and correct.		
12/2/	7				
Date Signed (month day y	0023	Signature	le the originally signed paper state	ment with your filing official \	