

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink.			
NAI	AE OF FILER (LAST) (FIRST)	* (MIDDLE)	
_	Philips Deborah	Jeanne	
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms) Phe Division, Board, Department, District, if applicable	your Position vous district	
		Director	
	▶ 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	X County of San Bernicaino	
	City of	Other	
3.	3. Type of Statement (Check at least one box)		
	Annual: The period covered is January 1, 2022, through December 31, 2022.	Leaving Office: Date Left/(Check one circle.)	
	The period covered is/, through December 31, 2022.	The period covered is January 1, 2022, through the date of leaving office.	
	X Assuming Office: Date assumed 5,10, a023	The period covered is/, through the date of leaving office.	
	Candidate: Date of Election and office sought, if	f different than Part 1:	
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 A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached	
	Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached	
-or- None - No reportable interests on any schedule			
5.	Verification		
	MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE	
	10130% 0(1803)	an CA 92329	
	(760) 713-4645	Deborah Philips Oymail.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 this is a public document.		
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
	Date Signed 5-12-203 Sig	Inature (File the originally signed paper statement with your filing official.)	
	200 PD 20		