

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
DAFFORN JASON

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

VALLEY SANITARY DISTRICT

Division, Board, Department, District, if applicable

Your Position

GENERAL MANAGER

► 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
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other **SPECIAL DISTRICT**

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

- Annual:** The period covered is January 1, 2024, through December 31, 2024.
- or- The period covered is _____, through December 31, 2024.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one circle below.)
- The period covered is January 1, 2024, through the date of leaving office.
- or- The period covered is _____, through the date of leaving office.

4. Schedule Summary (required)

► 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**

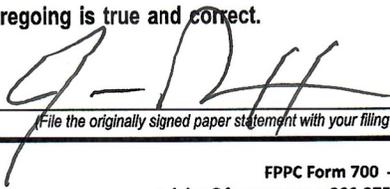
5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
45500 VAN BUREN ST		INDIO	CA	92201
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(760) 238-5400		jdafforn@valley-sanitary.org		

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 3/11/2025
(month, day, year)

Signature 
(File the originally signed paper statement with your filing official.)