

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

'23 MAR30AM11:17

Please type or print in ink.			e e e	CITY CLERK'S OFC	
NAME OF FILER (LAST) (FIRST)			(MIDDLE)	Add to be a second to	
Henderson	Deryl		Ivan		
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)					
Planning and Enviromental Qu	ality Commission				
Division, Board, Department, District, if a	applicable	Your Position	on		
		Commis	ssioner		
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)					
Agency:		Position: _			
2. Jurisdiction of Office (Check a	at least one box)	2 3		y .	
■ State			etired Judge, Pro Tem Jud Jurisdiction)	ge, or Court Commissioner	
Multi-County	" pil sije kaj sije	County of		о "	
City of Gardena	4 4	Other	*		
3. Type of Statement (Check at le	ast one box)	rangeria de la composición del composición de la			
Annual: The period covered is Jar December 31, 2022.		Leaving	Office: Date Left(Check one		
The period covered is December 31, 2022.	, thro		period covered is January ng office.	1, 2022, through the date of	
Assuming Office: Date assumed		☐ The	period covered is/_ ate of leaving office.	, through	
Candidate: Date of Election	and office s	sought, if different than Pa	art 1:	4	
4. Schedule Summary (require	d) ▶ Total nui	mber of pages inclu	ding this cover pag	e; 2	
Schedules attached		Are a			
Schedule A-1 - Investments - se	chedule attached	Schedule C - Ind	come, Loans, & Business	Positions - schedule attached	
Schedule A-2 - Investments - se	chedule attached		come – Gifts – schedule a		
Schedule B - Real Property - se	chedule attached	Schedule E - Inc	ome – Gifts – Travel Pay	ments - schedule attached	
A Dane No woodable to		Jan 11	er er betagt allen er i		
-or- None - No reportable into	erests on any schedule	- F 75 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
5. Verification MAILING ADDRESS STREET		The part		7/2 0005	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Pub		ΠY	STATE	ZIP CODE	
	G	ardena	CA	90249	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	02@		
I have used all reasonable diligence in p	reparing this statement. I have	e reviewed this statement	on93@gmail.com and to the best of my kno	wledge the information contained	
herein and in any attached schedules is	true and complete. I acknow	vledge this is a public doc	liment		
I certify under penalty of perjury under	er the laws of the State of C	California that the for			
Date Signed 3-30-7	23	Signature			
(month, day, yea	ir)		File the originally signed paper states	ment with your filing official.)	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM	70	0
FAIR POLITICAL PRACTICES	COMMIS	SION
Name		

▶	NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
	State Farm	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Retirement / IRA	
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other	Stock Other
	(Describe)	(Oescribe) Partnership Income Received of \$0 - \$499
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	1 122 1 122	/ /22 / /22
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
▶	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	SENERAL BESONII FION OF THIS BOOMESO	
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other	Stock Other
	(Describe)	(Describe)
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	Installe Received of Good of India (Report on Gonzalia Cy	
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
	Addition	//ogoines
>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other	Stock Other
	(Describe)	(Describe)
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
		<u></u>
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
		••
_	ommonte:	