

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

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MAR - 6 2024

**TULARE COUNTY EMPLOYEES'
RETIREMENT ASSOCIATION**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Zaheen Aaron

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Tulare County Employees' Retirement Association

Division, Board, Department, District, if applicable

Your Position

General Counsel

► 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 Tulare

☐ City of _____

☒ Other Tulare County Employees' Retirement Ass'n

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

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

☒ **Leaving Office:** Date Left 3 / 07 / 2024
(Check one circle.)

-or-

The period covered is ____/____/____, through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

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 STATE ZIP CODE

(Business or Agency Address Recommended - Public Document)

2900 W. Burrel Avenue

Visalia

CA

93291

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(559) 636-4950

AZaheen@tularecounty.ca.gov

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 3/06/2024

(month, day, year)

Signature

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

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Aaron Zaheen

NAME OF SOURCE (Not an Acronym)
Nossaman, LLP

ADDRESS (Business Address Acceptable)
777 South Figueroa Street, 34th Floor, Los Angeles

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 7 / 23	70.61	Dinner
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments:

DIAMOND QUALITY ESCROW INC.

13941 Ramona Avenue Suite E

Chino, CA 91710

(909)-393-9917 * Fax (909)-393-5008

March 6, 2024

TO: **DIAMOND QUALITY ESCROW INC.**

ESCROW NO.: **15234-ZR**

PROPERTY ADDRESS: **9885 Madera Court, Rancho Cucamonga, CA 91730**

ADDITION AND/OR AMENDMENT TO ESCROW INSTRUCTIONS

The instructions in the above numbered escrow are hereby supplemented/amended in the following particulars only:

The Borrower(s) vesting is hereby modified, amended, and/or supplemented as follows:
Sonrise Realty Group, Inc.

Per Assignment of Agreement Amendment, Assignee is Buyer's own trust or a wholly owned entity of Buyer.

Buyer instructs Escrow Holder to amend their name on Grant Deed/Title to, Sonrise Realty Group, Inc. Buyer also authorizes Escrow Holder to use all funds in Escrow from Vance Vanevenhoven to close said Escrow.

Escrow Holder is hereby held harmless of said request.
All other terms and conditions remain the same.

EACH OF THE BELOW SIGNED STATES THAT HE/SHE/THEY HAS/HAVE READ THE FOREGOING INSTRUCTIONS AND UNDERSTANDS AND AGREES TO THEM.

Sonrise Realty Group, Inc.

By: Vance Vanevenhoven
Vance Vanevenhoven, CFO

By: Kelli Vanevenhoven
Kelli Vanevenhoven, President

The Dorcheus Family Trust Dated April 27, 2001

By: Melanie Tyler, Successor Trustee
Melanie Tyler, Successor Trustee