CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received	
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MAR 2021	167
City of Hendota By:	
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NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	12
Cabrera-Garcia	Celeste		Elizabeth	LOS SON SON SON SON SON SON SON SON SON S
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
City of Mendota				
Division, Board, Department, District, if	applicable	Your Position	1	
City Clerk		City Clerl	k	
▶ If filing for multiple positions, list beld	ow or on an attachment. (Do	not use acronyms)		
Agency: Mendota Community C	Corporation	Position:	oard Secretary	
2. Jurisdiction of Office (Check	at least one box)			
☐ State		☐ Judge, Reti (Statewide o	ired Judge, Pro Tem Judge, or Jurisdiction)	Court Commissioner
Multi-County		County of		
City of Mendota				
3. Type of Statement (Check at le	east one hov)			
Annual: The period covered is Ja	,	□ Loaving C	Office: Date Left/	1
December 31, 2020.	idary 1, 2020, tillough	Leaving C	(Check one circle.)	
-or- The period covered is December 31, 2020 .	, thr	ough	eriod covered is January 1, 202 office.	20, through the date of
Assuming Office: Date assumed		○ The pe	eriod covered is/	through, through
Candidate: Date of Election	and office	sought, if different than Part	1:	
1. Schedule Summary (must c	omnlete) > Total nu	mhar of pages includ	ing this cover page: 1	
Schedules attached	ompieto, Piotai na	mber of pages includ	ing this cover page.	
Schedule A-1 - Investments – s	chedule attached	Schedule C - Incom	me, Loans, & Business Positio	ns – schedule attached
□ Schedule A-2 - Investments - s	chedule attached	Schedule D - Incom	me - Gifts - schedule attached	ł
☐ Schedule B - Real Property - s	chedule attached	Schedule E - Incor	me – Gifts – Travel Payments	- schedule attached
-or- None - No reportable int	erests on any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Pul.		TY	STATE	ZIP CODE
padinos di rigonoj riadices ricoliminonada - raz	no Boodmony			
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
I have used all reasonable diligence in p herein and in any attached schedules is	reparing this statement. I have true and complete. I acknow	e reviewed this statement an rledge this is a public docun	nd to the best of my knowledge ment.	the information contained
I certify under penalty of perjury under	er the laws of the State of C	alifornia that the foregoin	g is true and correct.	
Date Signed March 8, 2021		Signature		
(month, day, yea	r)			