

Filed Date: 03/29/2021 04:33 PM
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Gonzalez Cristian

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Mendota

Division, Board, Department, District, if applicable Your Position
City Manager

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: SEE ATTACHED LIST Position: _____

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of Mendota
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual:** The period covered is January 1, 2020, through December 31, 2020.
- Leaving Office:** Date Left ____/____/_____
(Check one circle.)
- Assuming Office:** Date assumed ____/____/_____
-or- The period covered is ____/____/_____, through December 31, 2020.
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- The period covered is January 1, 2020, through the date of leaving office.
- The period covered is ____/____/_____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

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
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

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 03/29/2021 04:33 PM
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Cristian Gonzalez	

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Central San Joaquin Valley Risk Management Authority		Alternate Members of the Board of Directors	SEE BELOW	Annual	01/01/20 - 12/31/20

DESCRIPTION OF JURISDICTION

Agency: Central San Joaquin Valley Risk Management Authority

Jurisdiction Type: Multi-county

Description: Multi-county Calaveras, Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare, Tuolumne