CALIFORNIA FOR FAIR POLITICAL PRACTIC Please type or print in in	ES COMMISSION	CO	ECONOMIC INT VER PAGE IC DOCUMENT	TERESTS	Date Lonei Filing Reserve Filing official Use Only RECEIVED AN 2022		
NAME OF FILER (LAST) Lekumberry	(FIRST) Jennii	er		(MIDDLE)	dity of MCQQ		
1. Office, Agency, o							
Agency Name (Do not					1287873830		
City of Mendota							
Division, Board, Department, District, if applicable			Your Position				
Administration			Dir. of Administrative Services & Asst. City Manager				
► If filing for multiple	positions, list below or on an attachme	ent. (Do not use			, , , , , , , , , , , , , , , , , , , ,		
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							
City of Mendota			County of Other				
· · · · · · · · · · · · · · · · · · ·							
Annual: The per	ent (Check at least one box) iod covered is January 1, 2021, throu er 31, 2021.	gh	Leaving Office:	Date Left/_ (Check one c	/		
-or- The per	iod covered is/////	, through	leaving office	overed is January ?	1, 2021, through the date of		
Assuming Office	: Date assumed///			overed is/ eaving office.	, through		
Candidate: Date	of Election a	nd office sought, i	f different than Part 1:				
4. Schedule Sumn Schedules atta		Fotal number o	of pages including t	this cover page);		
Schedule A-1	- Investments - schedule attached		Schedule C - Income, L	oans, & Business F	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 Payn	nents – schedule attached		
	o reportable interests on any so	chadula					
5. Verification			anna an an an ann an an an an an an an a		n an an an ann an an an an an an an an a		
MAILING ADDRESS	STREET	CITY		STATE	ZIP CODE		
(Business or Agency Addres	es Recommended - Public Document)			-	_		
DAYTIME TELEPHONE NU	MBER		EMAIL ADDRESS				
(
	able diligence in preparing this statem iched schedules is true and complete.			the best of my know	vledge the information contained		
I certify under penal	ty of perjury under the laws of the	State of Californ	ia that the foregoing is	true and correct.	2		
Date Signed	1/7/2022 (month, day, year)	Si	gnature				
Print	Clear				PPC Form 700 - Cover Page (2021/2 a.gov • 866-275-3772 • www.fppc.ca Pag		