

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)			
Leiva-Castillo	Jonathan	R			
I. Office, Agency, or Co	urt				
Agency Name (Do not use a	cronyms)		—		
City of Mendota					
Division, Board, Department, I	District, if applicable	Your Position	_		
		Alternate Planning Commissioner			
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)					
Agency: SEE ATTACHE	ED LIST	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			
City of Mandata		Other			
3. Type of Statement (c	heck at least one box)				
Annual: The period cover December 31, 2	ered is January 1, 2021, through 2021 .	Leaving Office: Date Left/(Check one circle.)			
-or- The period cove December 31, 2	ered is 02 01 2021, through 2021.	The period covered is January 1, 2021, through the date of leaving officeor-	ŕ		
Assuming Office: Date	assumed/	The period covered is/, through the date of leaving office.	1		
Candidate: Date of Elec	etion and office sough	t, if different than Part 1:			
Schedules attached Schedule A-1 - Invest Schedule A-2 - Invest	tments – schedule attached	r of pages including this cover page:3 Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached	d		
	rtable interests on any schedule				
5. Verification		ATTER TO COOK			
MAILING ADDRESS S (Business or Agency Address Recomm	STREET CITY mended - Public Document)	STATE ZIP CODE			
DAYTIME TELEPHONE NUMBER		LEMAN ADDRESS			
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
I have used all reasonable dili	gence in preparing this statement. I have review	ewed this statement and to the best of my knowledge the information contain	ined		
	chedules is true and complete. I acknowledge				
I certify under penalty of pe	erjury under the laws of the State of Califor	nia that the foregoing is true and correct.			

Signature

01/10/2022 01:19 PM

(month, day, year)

Date Signed

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

Jonathan Leiva-Castillo

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
City of Mendota		Planning Commissioner	City of Mendota	Annual	01/01/21 - 01/31/21

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Jonathan Leiva-Castillo

1. INCOME RECEIVED	► 1. INCOME RECEIVED				
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME				
Partners Personnel	Madera Community Hospital				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)				
7025 N. Maple Avenue #120. Fresno, CA 93720	1250 E. Almond Avenue. Madera, Ca 93637				
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE				
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION				
Onsite Shift Lead	Administrative Representative				
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 X \$10,001 - \$100,000 OVER \$100,000	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000				
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Solary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)				
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)				
Sale of	Sale of				
Sale of(Real property, car, boat, etc.) Loan repayment	(Real property, car, boat, etc.)				
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more				
(Describe)	(Describe)				
Other(Describe)	Other(Describe)				
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	PERIOD				
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s: INTEREST RATE TERM (Months/Years)				
ADDRESS (Business Address Acceptable)	%				
ADDICESS (Business Address Acceptable)	SECURITY FOR LOAN				
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence				
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address				
\$500 - \$1,000					
\$1,001 - \$10,000	City				
\$10,001 - \$100,000	Guarantor				
OVER \$100,000	Othor				
	Other(Describe)				
Comments:					