

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Filed Date: 03/02/2022 08:57 AM  
SAN: FPPC

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

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

- Annual: The period covered is January 1, 2021, through December 31, 2021.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2021.  The period covered is January 1, 2021, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_ -or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate: Date of Election \_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (must complete) ► 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)

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 03/02/2022 08:57 AM  
(month, day, year)

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

# STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE ATTACHMENT

|                                     |            |
|-------------------------------------|------------|
| <b>CALIFORNIA FORM</b>              | <b>700</b> |
| 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            | 01/01/21 - 12/31/21 |

### 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