CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED
JUL 2022
City of Mendota
By:

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Ledesma	Juan	Guadalupe

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

City of Mendota

Division, Board, Department, District, if applicable

City Council

Your Position

Council Member

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

Agency: _____ Position: _____

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

- [ ] State
- [ ] Multi-County _____
- [x] 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, **2021,** through December 31, **2021.**
  -or-
  The period covered is ___/___/_____, through December 31, **2021.**
- [ ] **Assuming Office:** Date assumed ___/___/_____

- [ ] **Leaving Office:** Date Left ___/___/_____
  (Check one circle.)
  - [ ] The period covered is January 1, **2021**, through the date of leaving office.
  -or-
  - [ ] The period covered is ___/___/_____, through the date of leaving office.

- [x] **Candidate:** Date of Election 11/08/2022 and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 1

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- [x] **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET *(Business or Agency Address Recommended - Public Document)*	CITY	STATE	ZIP CODE
███████████████	███	███	███

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 7/20/22
(month, day, year)

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

Print   Clear