CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Please type or print in ink.	ATEMENT OF ECON COVER P A PUBLIC DO	AGE	are Initial Filing Received
10.11	RST)	(MIDDLE)	Teon and
1.00	ctor	· · · · · · · · · · · · · · · · · · ·	S. C.
1. Office, Agency, or Court			
Agency Name (Do not use acronyms) City of Mendota			
Division, Board, Department, District, if applicable	You	r Position	
City Council	Co	ouncil Member	
► If filing for multiple positions, list below or on an att	achment. (Do not use acronyms)		
Agency:	Po	eition:	
Agency:	103	SHOT.	
2. Jurisdiction of Office (Check at least one b			
State		idge, Retired Judge, Pro Tem J tatewide Jurisdiction)	ludge, or Court Commissioner
Multi County			
Multi-County			-
3. Type of Statement (Check at least one box)	Abarasiah 🔲 I	_eaving Office: Date Left	1 1
Annual: The period covered is January 1, 2021, December 31, 2021.	through	Check or	
-or- The period covered is	, through	The period covered is Janua leaving office.	ary 1, 2021, through the date of
December 31, 2021 .		or-	/, through
Assuming Office: Date assumed/	J	the date of leaving office.	
Candidate: Date of Election11/08/2022	and office sought, if different	than Part 1:	
4. Schedule Summary (must complete)	► Total number of page:	s including this cover p	age:
Schedules attached			
Schedule A-1 - Investments – schedule attac			ess Positions – schedule attached
Schedule A-2 - Investments – schedule attac		e D - Income - Gifts - schedul e E - Income - Gifts - Travel F	
Schedule B - Real Property – schedule attac	ned ochicadi	CE moome one nater.	3
-or- None - No reportable interests on a	ny schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER	EMAIL ADD	PRESS	
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co		tatement and to the best of my bublic document.	knowledge the information contained
I certify under penalty of perjury under the laws			ect.
	07/18/202 Signature		
Date Signed (month, day, year)	Signature Signature	(File the originally signed paper	statement with your filing official.)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	_

Name Victy Marty

► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
R. Hernander Express Inc	
R. Hernander Express Inc. 261 Sopta (ros st Mondota OH9364)	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable) Check one
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	\$0 - \$499
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
R. Hernonder Express mc	
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Yrs. remaining Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE C Income, Loans, & Business **Positions**

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Victor Warky

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
R. Hernander Ervres MC	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
261 Santa Cruc St	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trocking	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
CEO	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary 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
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
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	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% \None
ADDITION (Business Address Association)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
BOSINESS ACTIVITY, II ANY, OF ELISEN	
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	
T 04 004 040 000	City
\$1,001 - \$10,000	City
\$10,001 - \$100,000	
	Guarantor
\$10,001 - \$100,000	Guarantor