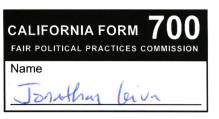
Wate of FLEX (LAST)       (PRIST)         Leiva (astillo)       Jon Africo         1. Office, Agency, or Court       (Source)         Agency:       (Do not use acronyms)         City of Mendota       Division, Beartment, District, if applicable         Vour Position       Council Member         I fling for multiple positions, list below or on an attachment. (Do not use acronyms)       Agency:         Agency:       Position:         2. Jurisdiction of Office (Check at least one box)       (Statewide Jurisdiction)         Multi-County       Council Member         2. Jurisdiction of Office (Check at least one box)       (Statewide Jurisdiction)         Multi-County       Councy of         City of Mendota       Other         3. Type of Statement (Check at least one box)       Check one circle)         Multi-County       County of         City of Mendota       Other         3. Type of Statement (Check at least one box)       Imperiod covered is January 1, 2021, through December 31, 2021.         December 31, 2021.       The period covered is January 1, 2021, through December 31, 2021.         December 31, 2021.       The period covered is January 1, 2021, through December 31, 2021.         Gradidate: Date of Election       11/08/2022       and office sought, if different than Part 1: <t< th=""><th>CALIFORNIA FORN FAIR POLITICAL PRACTICES Please type or print in ink.</th><th>100</th><th>CO</th><th>ECONOMIC INTE VER PAGE IC DOCUMENT</th><th></th><th>ate Initi <b>18 19</b>2</th><th></th></t<>	CALIFORNIA FORN FAIR POLITICAL PRACTICES Please type or print in ink.	100	CO	ECONOMIC INTE VER PAGE IC DOCUMENT		ate Initi <b>18 19</b> 2	
1. Office, Agency, or Court               Agency, Name (Do not use accoryms)             City of Mendota             Division, Board, Department, District, if applicable             Vour Position             City Council             Council Member             If fling for multiple positions, list below or on an attachment. (Do not use accoryms)             Agency:             Position:             Council Member             If fling for multiple positions, list below or on an attachment. (Do not use accoryms)             Agency:             Position:             State		~ · · · · · · · · · · · · · · · · · · ·	11				
Agency Name (Do not use acronyms)       City of Mendoda         Division, Board, Deartment, District, If applicable       Your Position         City Council       Council Member         I filing for multiple positions, list below or on an attachment. (Do not use acronyms)       Agency:         Agency:       Position:         2. Jurisdiction of Office (Check at least one box)       Other         State       Council Member         Multi-County       Councy         County of       Councy of         City of Mendota       Other         3. Type of Statement (Check at least one box)       County of         Annual: The period covered is January 1, 2021, through December 31, 2021.       The period covered is January 1, 2021, through December 31, 2021.         Or       The period covered is January 1, 2021, through December 31, 2021.       The period covered is January 1, 2021, through the date of leaving office.         Candidate: Date of Electon       11/08/2022       and office sought, if different than Part 1:         4. Schedule Summary (must complete) > Total number of pages Including this cover page:       Z         Schedule A - Investments - schedule attached       Schedule D - Income, Leans, & Business Positions - schedule attached         Schedule B - Real Property - schedule attached       Schedule D - Income - Gits - Schedule attached         Schedule B - Real Property - sche		0.	Pathan		K8 3 2 1 1 10		
City of Mendota         Division, Board, Department, District, if applicable       Your Position         City of Council       Council Member         If filing for multiple positions, list below or on an attachment. (Do not use acronyms)       Agency:         Agency:       Position:         2. Jurisdiction of Office (Check at least one box)       Division, Beard, Dudge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)         Multi-County       Councy of         City of Mendota       Other         3. Type of Statement (Check at least one box)       Other						12828	W-153
Division, Board, Department, District, if applicable       Your Position         City Council       Council Member         I filing for multiple positions, list below or on an attachment. (Do not use acronyms)       Agency:         Agency:       Position:         2. Jurisdiction of Office (Check at least one box)       State         State       □Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)         Multi-County       □Councy of         Chy of Mendota       Other         3. Type of Statement (Check at least one box)       □Che of Statement (Check at least one box)         Orf       December 31, 2021.         off       The period covered is January 1, 2021, through         December 31, 2021.       The period covered is January 1, 2021, through the date of leaving office.         Oster       □The period covered is January 1, 2021, through the date of leaving office.         I candidate: Date of Election 11/08/2022 and office sought, if different than Part 1:		se acronyms)					
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If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency:Position: Position:      I Judge, Retired Judge, Pro Tem Judge, or Court Commissioner     (Statewide Jurisdiction)     Multi-CountyCounty ofCounty ofCounty of(Check at least one box)     Calvy of Mendota     Type of Statement (Check at least one box)     Caunty ofCounty of(Check one circle.)     The period covered is January 1, 2021, through     December 31, 2021.     "	City Council			Council Member			
Agency:       Position:         2. Jurisdiction of Office (Check at least one box)       Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)         Multi-County       County of         Chy of Mendota       County of         3. Type of Statement (Check at least one box)       Churd of the period covered is January 1, 2021, through December 31, 2021.         • Of*       The period covered is January 1, 2021, through December 31, 2021.       Ihrough December 31, 2021.         • Of*       The period covered is January 1, 2021, through December 31, 2021.       The period covered is January 1, 2021, through the date of leaving office.         • Of*       The period covered is January 1, 2021, through December 31, 2021.       The period covered is January 1, 2021, through the date of leaving office.         • Of*       The period covered is January 1, 2021, through the date of leaving office.       The period covered is January 1, 2021, through the date of leaving office.         • Of*       Assuming Office: Date assumed		sitions, list below or on an attachm	ent. (Do not use				
2. Jurisdiction of Office (Check at least one box)         □ State         □ State         □ State         □ City of Mendota         3. Type of Statement (Check at least one box)         □ Annual: The period covered is January 1, 2021, through December 31, 2021.         □ Office: Date Left				• /			
State       ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)         Multi-County       ☐ Cutry 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.       ☐ Check one circle.)         • Off-       The period covered is	Agency:	······		Position:			
State       □ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)         Multi-County       □ Cunty of         © City of Mendota       □ Other         8. Type of Statement (Check at least one box)       □ Other         Annual: The period covered is January 1, 2021, through December 31, 2021.       □ Check one ordel.)         • Off       □ The period covered is, through December 31, 2021.       □ The period covered is         • Assuming Office: Date assumed        Interpret of covered is, through the date of leaving office.         • Candidate: Date of Election	Jurisdiction of Of	fice (Check at least one box)					
Statewide Jurisdiction)         Multi-County         City of Mendota         Other         Image: City of Mendota				Judge Retired Judge	Pro Tem Judge o	r Court Commis	sioner
City of Mendota   City of Statement (Check at least one box)   Annual: The period covered is January 1, 2021, through   December 31, 2021.   of*   The period covered is							
City of Mendota   City of Statement (Check at least one box)   Annual: The period covered is January 1, 2021, through   December 31, 2021.   or   The period covered is	Multi-County		<u> </u>	County of			
Type of Statement (Check at least one box)         □ Annual: The period covered is January 1, 2021, through							
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The period covered is	Annual: The period	l covered is January 1, 2021, throu	ıgh	Leaving Office: Da			
Assuming Office:       Date assumed	The period		, through	leaving office.	red is January 1, <b>20</b>	021, through the	date of
Candudate: Date of Election and once sought, if different than Part 1      Schedule Summary (must complete)      Total number of pages including this cover page:      Schedules attached     Schedule A-1 - Investments – schedule attached     Schedule A-2 - Investments – schedule attached     Schedule A-2 - Investments – schedule attached     Schedule B - Real Property – schedule attached     Schedule B - Real Property – schedule attached     Schedule E - Income – Gifts – schedule attached     Schedule B - Real Property – schedule attached     Schedule E - Income – Gifts – Travel Payments – schedule attached     Schedule B - No reportable interests on any schedule     Verification     Malling ADDRESS STREET     (Invesse of Agency Address Becommended - Public Document)     DayTime TELEPHONE NUMBER     EMAIL ADDRESS     Inave used all reasonable diligence in preparing this statement. I have reviewed this statement. I have reviewed this statement.     I have used all reasonable diligence in preparing this statement. I have reviewed this statement.     I have used all reasonable diligence in preparing this statement. I have reviewed this statement.     I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.     Date Signed	Assuming Office:			•		./,	through
Schedules attached         Schedule A-1 - Investments - schedule attached         Schedule A-2 - Investments - schedule attached         Schedule B - Real Property - schedule attached         Schedule B - Real Property - schedule attached         Schedule B - No reportable interests on any schedule         Schedule Z         Verification         MALLING ADDRESS         STREET         (Business of Agency Address Becommended - Public Document)         Day TIME TELEPHONE NUMBER         I have used all reasonable diligence in preparing this statement. I have reviewed this statement. I concerned the state of California that the foregoing is true and correct.         Date Signed <u>1/20/22</u> (month, day, year)	Candidate: Date of	Election11/08/2022 a	and office sought, it	f different than Part 1:			
Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Schedule attached I - Date Signed _ Schedule = Sche		• • • •	Total number o	of pages including this	cover page:	2	
Schedule B - Real Property – schedule attached  Schedule B - Real Property – schedule attached  Schedule B - Real Property – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached  Or Or None - No reportable interests on any schedule  NaiLING ADDRESS STREET CITY STATE ZIP CODE  MaiLING ADDRESS STREET CITY STATE ZIP CODE  MaiL 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 contain 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 4/20/22  Fronth, day, year	Schedule A-1 - /	nvestments - schedule attached	$\succ$	Schedule C - Income, Loan	s, & Business Positi	ions – schedule	attached
Contraction Development of the state of	Schedule A-2 - /	nvestments - schedule attached					
Addition         MAILING ADDRESS       STREET       CITY       STATE       ZIP CODE         (Business or Amency Address Becommended - Public Document)       EMAIL ADDRESS       STATE       ZIP CODE         DAYTIME TELEPHONE NUMBER       EMAIL ADDRESS       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 contain 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       1/20/22         (month, day, year)       Signature	Schedule B - Re	al Property - schedule attached		Schedule E - Income – Gift	s – Travel Payments	s – schedule att	ached
Averification         MAILING ADDRESS       STREET         (Business or Agency Address Recommended - Public Document)         DAYTIME TELEPHONE NUMBER         I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contain 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	or Alama Ma	and the internet of an and					
MAILING ADDRESS       STREET       CITY       STATE       ZIP CODE         (Business or Adency Address Recommended - Public Document)       EMAIL ADDRESS       EMAIL ADDRESS         DAYTIME TELEPHONE NUMBER       EMAIL ADDRESS       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 contain 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 <u>1/20/22</u> (month, day, year)		eportable interests on any se	cneaule				
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Date Signed     1/20/22 (month, day, year)     Signature					best of my knowledg	ge the informatio	n contained
(month, day, year)	I certify under penalty	of perjury under the laws of the	State of Californi	a that the foregoing is true	and correct.		
	Date Signed	20/22 (month, day, year)	Siç	gnature	у окупов рарон викотот т	ur your ming-omouniy	
Print advice@fppc.ca.gov • 866-275-3772 • www.fppc.				0	EDDO	orm 700 - Cover P	are (2021/2022

## SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)



	I. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Touchstone Pistachio Co. Assemi Group	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
5260 N. Palm Ave # 421 Fresno, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
·	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Warehouse Supervisor	
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	
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	Other
(Describe)	(Describe)
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	PERIOD

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE		TERM (Months/Years)	
ADDRESS (Business Address Acceptable)	%	None		
	SECURITY FOR L	.OAN		
BUSINESS ACTIVITY, IF ANY, OF LENDER	None	Personal res	sidence	
	Real Property _		Street address	
HIGHEST BALANCE DURING REPORTING PERIOD				
\$500 - \$1,000	-		City	
\$1,001 - \$10,000			-	
\$10,001 - \$100,000	Guarantor			
OVER \$100,000	Other			
			(Describe)	
Comments:				

Clear