

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**



Please type or print in ink.

NAME OF FILER (LAST) Bautista (FIRST) Teofilo (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms) _____
 City of Mendota _____
 Division, Board, Department, District, if applicable _____ Your Position _____
 City Council _____ 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 _____
- 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.
- Leaving Office:** Date Left ____/____/____ (Check one circle.)
- Assuming Office:** Date assumed ____/____/____
- The period covered is January 1, 2021, through the date of leaving office.
- Candidate:** Date of Election 11/08/2022 and office sought, if different than Part 1: _____
- The period covered is ____/____/____, through the date of leaving office.

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- 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 10-25-2022
 (month, day, year)

Signature _____

Print Clear