| FAIR POLITICAL PRACTICES COMMIS Please type or print in ink. AME OF FILER (LAST) Kinsey | | | /ER PAGE IC DOCUMENT | | 03/21/2023 12:42 PM | | |
|--|---|-------------------|--|----------------------|-----------------------------------|--|--|
| AME OF FILER (LAST) Kinsey | | | | | | | |
| AME OF FILER (LAST) Kinsey | | | | | SAN: FPPC | | |
| | (FIRST) | | | (MIDDLE) | | | |
| | John | | | Р | | | |
| . Office, Agency, or Court | | | | | | | |
| Agency Name (Do not use acron | iyms) | | | | | | |
| City of Mendota | | | | | | | |
| Division, Board, Department, Distr | rict, if applicable | | Your Position | | | | |
| | | | City Attorney | | | | |
| ► If filing for multiple positions, list | If filing for multiple positions, list below or on an attachment. (Do not use acronyms) | | | | | | |
| Agency: SEE ATTACHED | LIST | | Position: | | | | |
| | | | | | | | |
| . Jurisdiction of Office (c | heck at least one box) | | | | | | |
| State | | | Judge, Retired Judg (Statewide Jurisdiction) | | or Court Commissioner | | |
| Multi-County | | | County of | | | | |
| ✗ City of Mendota | | | | | | | |
| B. Type of Statement (Chec | ok at laast one box) | | | | | | |
| Annual: The period covered | - | | Leaving Office: D | ata left / | 1 | | |
| December 31, 2022 | | | - | (Check one circ | le.) | | |
| The period covered December 31, 2022 | d is// 2 . | , through | The period cover leaving office. -or- | ered is January 1, : | 2022 , through the date of | | |
| Assuming Office: Date ass | sumed// | | The period cover the date of leave | | /, through | | |
| Candidate: Date of Election | and | office sought, if | different than Part 1: | | | | |
| . Schedule Summary (rec | quired) ► Tot | al number of | f pages including this | s cover page: | 4 | | |
| Schedules attached | | | | | <u> </u> | | |
| Schedule A-1 - Investmer | nts – schedule attached | × s | Schedule C - Income, Loar | ns, & Business Pos | itions – schedule attached | | |
| Schedule A-2 - Investmer | | | Schedule D - Income – Gif | | | | |
| Schedule B - Real Proper | rty - schedule attached | s | Schedule E - Income – Gif | ts – Travel Paymer | nts - schedule attached | | |
| | | | | | | | |
| -or- 🗌 None - No reportab | le interests on any sche | dule | | | | | |
| b. Verification | | | | | | | |
| MAILING ADDRESS STRE (Business or Agency Address Recommend | | CITY | | STATE | ZIP CODE | | |
| | | | | | | | |
| DAYTIME TELEPHONE NUMBER | | E | MAIL ADDRESS | | | | |
| I have used all reasonable diligen | | | | best of my knowle | dge the information contained | | |
| herein and in any attached sched | | • | | e and correct. | | | |
| I certify under penalty of perjur | | | | | | | |
| |)23 12:42 PM | | nature | | | | |

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT



EXPANDED STATEMENT LIST

| Agency Name | Division, Board, Department, District | Position or Title | Jurisdiction | Type of Statement | Period Covered |
|------------------------------|--|-------------------|------------------------|----------------------|---------------------|
| Atwell Island Water District | | General Counsel | Multi-county Tulare | Annual | 01/01/22 - 12/31/22 |

| | SCHEDULE A-1 CALIFORNIA FORM 700 | | | | | |
|--------------------------------------|---|--|--|--|--|--|
| | Investments Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%) Investments must be itemized. | | | | | |
| | | | | | | |
| | | | | | | |
| | Do not attach brokerage or financial statements. | | | | | |
| ► | NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY | | | | |
| | Wanger Jones Helsley PC | | | | | |
| GENERAL DESCRIPTION OF THIS BUSINESS | | GENERAL DESCRIPTION OF THIS BUSINESS | | | | |
| | Law Firm | | | | | |
| | FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 | FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 | | | | |
| | \$100,001 - \$1,000,000 Over \$1,000,000 | \$100,001 - \$1,000,000 Over \$1,000,000 | | | | |
| | NATURE OF INVESTMENT | | | | | |
| Stock Other (Describe) | | Stock Other (Describe) | | | | |
| | Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>) | Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (<i>Report on Schedule C</i>) | | | | |
| | IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: | | | | |
| | | | | | | |
| _ | ACQUIRED DISPOSED | ACQUIRED DISPOSED | | | | |
| Þ | NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY | | | | |
| | GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS | | | | |
| | | | | | | |
| | FAIR MARKET VALUE | FAIR MARKET VALUE | | | | |
| | \$2,000 - \$10,000 \$10,001 - \$100,000 | \$2,000 - \$10,000 \$10,001 - \$100,000 | | | | |
| | S100,001 - \$1,000,000 Over \$1,000,000 | \$100,001 - \$1,000,000Over \$1,000,000 | | | | |
| | NATURE OF INVESTMENT | NATURE OF INVESTMENT | | | | |
| | □(Describe) □ Partnership ◯ Income Received of \$0 - \$499 | | | | | |
| | Income Received of \$500 or More (Report on Schedule C) | Income Received of \$500 or More (Report on Schedule C) | | | | |
| | IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: | | | | |
| | | <u>22</u> <u>22</u> | | | | |
| | ACQUIRED DISPOSED | ACQUIRED DISPOSED | | | | |
| ► | NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY | | | | |
| | | | | | | |
| | GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS | | | | |
| | FAIR MARKET VALUE | FAIR MARKET VALUE | | | | |
| | \$2,000 - \$10,000 \$10,001 - \$100,000 | \$2,000 - \$10,000 \$10,001 - \$100,000 | | | | |
| | S100,001 - \$1,000,000 Over \$1,000,000 | \$100,001 - \$1,000,000Over \$1,000,000 | | | | |
| | NATURE OF INVESTMENT Stock Other | NATURE OF INVESTMENT Stock Other | | | | |
| | Partnership Olncome Received of \$0 - \$499 Olncome Received of \$500 or Maro (Received on Schoolule C) | (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Received of \$ | | | | |
| | IF APPLICABLE, LIST DATE: | Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: | | | | |
| | | | | | | |
| | <u>/ 22</u> <u>/ 22</u> ACQUIRED DISPOSED | <u>/</u> | | | | |
| | I | | | | | |

Comments: ____

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

(Other than Gifts and Travel Payments)



| ► 1. INCOME RECEIVED | ▶ 1. INCOME RECEIVED |
|---|---|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| Wanger Jones Helsley PC | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| 265 E. River Park Circle, #310, Fresno, CA 93720 | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Attorney - Law Firm | |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| Attorney | |
| 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 |
| S10,001 - \$100,000 OVER \$100,000 | S10,001 - \$100,000 OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED | CONSIDERATION FOR WHICH INCOME WAS RECEIVED |
| X 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 |
| Loan repayment | Loan repayment |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, <i>list each source of \$10,000 or more</i> |
| (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 | |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | SECURITY FOR L | OAN | sidence |
| HIGHEST BALANCE DURING REPORTING PERIOD | Real Property _ | | Street address |
| \$500 - \$1,000 \$1,001 - \$10,000 | - | | City |
| \$10,001 - \$100,000 \$10,001 - \$100,000 | Guarantor | | |
| OVER \$100,000 | Other | (| (Describe) |
| Comments: | | | |