

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

IIC INTERESTS

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| Please type or print | t in ink.  | 3,   |
|----------------------|--|--|
| NAME OF FILER (LAST  | T) (FIRST)   | (MIDDLE)   |
| Banda                | Nancy  |  |
| 1. Office, Agen      | cy, or Court   |  |
|                      | Do not use acronyms)   |  |
| City of Mend         | • /  |  |
| Division, Board, D   | Department, District, if applicable  | Your Position  |
|                      |  | Finance Director   |
| ► If filing for mu   | Itiple positions, list below or on an attachment. (Do  |  |
| •                    |  | • •  |
| Agency:              |  | Position:  |
| 2. Jurisdiction      | of Office (Check at least one box)   |  |
| State                | The following the sould street street sould  | ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner   |
| State                |  | (Statewide Jurisdiction)   |
| ☐ Multi-County       |  | County of  |
|                      |  |  |
|                      |  | <u> </u>   |
|                      | tement (Check at least one box)  |  |
| De                   | e period covered is January 1, <b>2022,</b> through ecember 31, <b>2022</b> .                            | Leaving Office: Date Left//(Check one circle.)   |
|                      | ne period covered is/, the cember 31, <b>2022</b> .  | orrough  The period covered is January 1, 2022, through the date of leaving office.  -or-                                |
| Assuming C           | Office: Date assumed/  |  |
| Candidate:           | Date of Election and office  | e sought, if different than Part 1:  |
|                      |  |  |
| 4. Schedule St       |  | umber of pages including this cover page:1   |
| Scriedules           | allaciieu  |  |
|                      | e A-1 - Investments - schedule attached  | Schedule C - Income, Loans, & Business Positions – schedule attached   |
|                      | e A-2 - Investments – schedule attached  | Schedule D - Income – Gifts – schedule attached  |
| Schedule             | B - Real Property – schedule attached  | Schedule E - Income - Gifts - Travel Payments - schedule attached  |
| -or- ▼ None          | - No reportable interests on any schedule  |  |
| 5. Verification      | - 140 Teportable interests off any scriedule   | ,  |
| MAILING ADDRESS      | STREET   | CITY STATE ZIP CODE  |
|                      | Address Recommended - Public Document)   | OIT SINIL ZIF CODE   |
| DAYTIME TELEPHON     | NE NI IMBER  | EMAIL ADDRESS  |
| DATTINE TELEPHON     | NE NOWDER  | LIVIAIL ADDICESS   |
|                      | easonable diligence in preparing this statement. I hay attached schedules is true and complete. I acknow | ave reviewed this statement and to the best of my knowledge the information contained owledge this is a public document. |
|                      |  | California that the foregoing is true and correct.   |
| Date Signed          | 03/29/2023 10:40 AM  | Signature  |
|                      | (month, day, year)   | (File the originally signed paper statement with your filing official.)  |