## STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

COVER PAGE

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Please type or print in ink.				SAN: FPPC
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Escobedo	Alicia			
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
City of Mendota				
Division, Board, Department, District, if applica	ble	Your Position		
		Alternate Plann		por
► If filing for multiple positions, list below or o	n an attachment (Do not u			
Agency:		Position:		
2 Jurisdiction of Office (check of loss	4 and have)			
2. Jurisdiction of Office (Check at leas	t one box)	— · · - · · · ·		
State		Judge, Retired Judge, (Statewide Jurisdicti		or Court Commissioner
Multi-County		County of		
➤ City of Mendota				
3 Tupo of Statement (Charles Line)	- how			
3. Type of Statement (Check at least or		□ · · • • • •		
Annual: The period covered is January 7 December 31, 2023.	1, 2023, through	Leaving Office: 1	Date Left/ (Check one circle)	
-or- The period covered is/_	/ through	○ The period cov		2023, through the date
December 31, 2023.	, though	of leaving offic		,
✓ Assuming Office: Date assumed	<u>, 27 , 2024</u>	••		/, through
Candidate: Date of Election	and office sough	it, if different than Part 1:		
4. Schedule Summary (required)	► Total numbe	r of pages including th	is cover nage:	1
Schedules attached		of pages menualing in	lo oovor pago.	
Schedule A-1 - Investments – schedul	o attachod	Schedule C - Income, Loa	ans, & Business Pos	itions - schedule attached
Schedule 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  Schedule E - Income – Gifts – Travel Payments – schedule attached				
-or- 🗵 None - No reportable interests	s on any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docu	CITY		STATE	ZIP CODE
(Dasiness of Agency Address Recommended - Fabile Doc	mony			
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
I have used all reasonable diligence in preparir herein and in any attached schedules is true a			e best of my knowled	lge the information contained
I certify under penalty of perjury under the	laws of the State of Califo	rnia that the foregoing is tru	le and correct.	
Date Signed 03/05/2024 07:16	AM	Signaturo	Alicia Escobe	edo
(month, day, year)		Signature	ally signed paper statement v	