## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Gonzalez Cristian

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EILO COSTOS PER LA PORTINA DE

TOTAL	- View of the second of the se
1. Office, Agency, or Court	959346
Agency Name (Do not use acronyms) City of Mendota	
Division, Board, Department, District, if applicable	Your Position
	City Manager
▶ If filing for multiple positions, list below or on an attachment. (Do not to	use acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
State	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
■ City of Mendota	Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2023, through December 31, 2023.	Leaving Office: Date Left/(Check one circle.)
The period covered is/, through December 31, 2023.	h The period covered is January 1, 2023, through the date of leaving office.
Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
Candidate: Date of Election and office sou	ght, if different than Part 1:
4. Schedule Summary (required) ► Total numb	per of pages including this cover page:
Schedules attached	
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - 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
-or- ■ None - No reportable interests on any schedule	
5. Verification	
MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
(business of Agency Address Accommended - 1 during bootment)	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
I have used all reasonable diligence in preparing this statement. I have re	eviewed this statement and to the best of my knowledge the information contain
herein and in any attached schedules is true and complete. I acknowled	
I certify under penalty of perjury under the laws of the State of Cali	ifornia that the foregoing is true and correct.
Date Signed 1/3/2024	Signature
(month, day, year)	Signature