CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Please type or print in ink.	COVE	CONOMIC INTERESTS R PAGE DOCUMENT	Date <b>RECEIVED</b> eived Film: Official Use Only JUL 16 2004 Freshor County Elections
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	RECEIVED
Cruz	Christian		53
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			02 0
City of Mendota			
Division, Board, Department, District, if applicat	ble	Your Position	013141216
		City Council -	Full Term
► If filing for multiple positions, list below or o	n an attachment. (Do not use acror		
		Desliner	
Agency:			
2. Jurisdiction of Office (Check at leas	t one box)		
State		 Judge, Retired Judge, Pro Tem Judge	dge, or Court Commissioner
		(Statewide Jurisdiction)	
Multi-County	<u>,</u> [	County of	
Vity of Mendota		Other	
3. Type of Statement (Check at least or		-	
<ul> <li>Annual: The period covered is January 1 December 31, 2023.</li> <li>-or-         <ul> <li>The period covered is</li> <li>December 31, 2023.</li> </ul> </li> <li>Assuming Office: Date assumed</li> <li>✓ Candidate: Date of Election</li> </ul>	/, through	Leaving Office: Date Left (Check one ☐ The period covered is Januar of leaving office. -or- ☐ The period covered is the date of leaving office. erent than Part 1:	<i>circle.)</i> y 1, 2023, through the date //, through
<ul> <li>Schedule Summary (required)</li> <li>Schedules attached</li> <li>Schedule A-1 - Investments – schedul</li> <li>Schedule A-2 - Investments – schedul</li> <li>Schedule B - Real Property – schedul</li> </ul>	le attached     Sch le attached   Sch	ages including this cover pag edule C - Income, Loans, & Business edule D - Income – Gifts – schedule edule E - Income – Gifts – Travel Pa	<i>Positions</i> – schedule attached attached
-or- 🕢 None - No reportable interest	s on any schedule		
5. Verification		OTATE	ZIP CODE
MAILING ADDRESS STREET	CITY CITY	STATE	
DAYTIME TELEPHONE NUMBER	EMAL	ADDRESS	
( ) I have used all reasonable diligence in preparin herein and in any attached schedules is true a	ng this statement. I have reviewed to and complete. I acknowledge this is	his statement and to the best of my kn s a public document.	owledge the information contained
I certify under penalty of perjury under the			
Date Signed 7/16/24 (month, day, year)	Signati		
			FPPC Form 700 - Cover Page (2023/2024)