Check One: Initial Amendment (Explain)		Date Stam  By:  By:  City of Men  By:  City of Men	FORM 501
1. Candidate Information:		•	-
NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Mendoza lesus		() $N/A$	N/A
STREET ADDRESS	CITY	STATE	ZIP CODE
OFFICE SOUGHT (POSITION TITLE)  AGENCY NA  Mendota City Council	ME City of Menclota	DISTRICT NUMBER, if applicable	PARTY PREFERENCE:  (Check one box, if applicable.)
OFFICE JURISDICTION	/		PRIMARY (GENERAL
State (Complete Part 2.)		2029	D SPECIAL / PLINOFF
City County Multi-County:	(Name of Multi-County Jurisdiction)	(Year of Elec	ction)
2. State Candidate Expenditure Limit Statement (CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates (Check one box)  I accept the voluntary expenditure ceiling for the expend	s for local offices do not complete Part 2.) election stated above.		
Amendment:			
<ul> <li>I did not exceed the expenditure ceiling in the ing for the general or special run-off election</li> </ul>		and I a	accept the voluntary expenditure ceil-
(Mark if applicable)			
On I contributed personal fund	ds in excess of the expenditure ceiling	for the election stated abo	ove.
3. Verification:			
I certify under penalty of perjury under the laws of th	e State of California that the foregoing	<u>a is true an</u> d correct.	
Executed on 7/31/24 Sign	nature		
(month, day, year)			FPPC Form 501 (August/20 FPPC Advice: advice@fppc.ca.gov (866/275-3)

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