CALIFORNIA FORM 700		IENT OF ECONOMIC IN COVER PAGE		Filing Official Use Only		
Please type or print in ink.		A PUBLIC DOCUMENT	Filed Date	e: 02/04/2025 05:13 PM SAN: FPPC		
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)			
Lopez	Libertad		Ē			
I. Office, Agency, or Court						
Agency Name (Do not use acronyms)						
City of Mendota						
Division, Board, Department, District, if	applicable	Your Position				
		City/Town Council Member				
► If filing for multiple positions, list be	low or on an attachment	. (Do not 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				
3. Type of Statement (Check at )	least one box)					
<ul> <li>Annual: The period covered is Jacobia December 31, 2024.</li> <li>-or-</li> </ul>			Date Left/ (Check one circle	below.)		
The period covered is _ December 31, <b>202</b> 4.	//	leaving office	9.	, <b>202</b> 4, through the date of		
Assuming Office: Date assumed	l//	O The period c the date of le		, through		
Candidate: Date of Election	and	office sought, if different than Part 1:				
Schedule Summary (require Schedules attached     Schedule A-1 - Investments -	schedule attached	al number of pages including to Schedule C - Income, Lu Schedule D - Income -	oans, & Business P	ositions – schedule attached		
Schedule A-2 - Investments –				ents – schedule attached		
Schedule B - Real Property –	schedule attached		Onto – Traver i dyni			
-or- 🗌 None - No reportable in	terests on any sche	dule				
5. Verification						
MAILING ADDRESS STREET (Business or Agency Address Recommended - P	ublic Document)	CITY	STATE	ZIP CODE		
	, 					
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS				
I have used all reasonable diligence in herein and in any attached schedules		I have reviewed this statement and to t acknowledge this is a public document.	the best of my know	ledge the information containe		
I certify under penalty of perjury un	der the laws of the Sta	te of California that the foregoing is t	rue and correct.			
22/24/2225						
Date Signed 02/04/2025 0	05:13 PM	Signature				

## SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

Name

Libertad Lopez

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED			
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME			
Turning Point				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
475 South Madera Avenue Suite 400, Kerman, CA 93640				
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Provides Mental Health Services				
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION			
Personal Case Coordinator				
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only			
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000\$1,001 - \$10,000			
× \$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000			
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED			
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)			
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)			
Sale of	Sale of			
Loan repayment	Loan repayment			
Commission or Rental Income, <i>list each source of \$10,000 or more</i>	Commission or Rental Income, list each source of \$10,000 or more			
(Describe)	(Describe)			
Other	Other			
(Describe)	(Describe)			

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE		TERM (Months/Years)	
ADDRESS (Business Address Acceptable)	%	None		
	SECURITY FOR LOAN			
BUSINESS ACTIVITY, IF ANY, OF LENDER	None	Personal res	sidence	
	Real Property _			
HIGHEST BALANCE DURING REPORTING PERIOD		Street address		
<b>\$500 - \$1,000</b>	-		City	
\$1,001 - \$10,000			-	
\$10,001 - \$100,000				
OVER \$100,000	Other			
			(Describe)	
Comments:				