

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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Please type or print in ink.		SAN. IFFC	
AME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Gutierrez	Jose		
. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Mendota			
Division, Board, Department, District, if applic	cable	Your Position	
		Planning Commissioner	
► If filing for multiple positions, list below or	on an attachment. (Do not	<u></u>	
		D 11	
Agency:		Position:	
. Jurisdiction of Office (Check at lea	ast one box)		
State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissio (Statewide Jurisdiction) 	ner
Multi-County		County of	
□ City of Mendota		Other	
Time of Chatamant in			
3. Type of Statement (Check at least of	•	□ · · · · · · · · · · · · · · · · · · ·	
Annual: The period covered is January December 31, 2024.	/ 1, 202 4, through	Leaving Office: Date Left 01 / 31 / 2025 (Check one circle below.)	
The period covered is/ December 31, 202 4.	/, throug	gh	te of
Assuming Office: Date assumed		The period covered is/, three the date of leaving office.	ough
Candidate: Date of Election	and office sou	ught, if different than Part 1:	
I. Schedule Summary (required) Schedules attached	► Total numb	ber of pages including this cover page:1	
Schedule A-1 - Investments - sched	ule attached	Schedule C - Income, Loans, & Business Positions - schedule atta	ached
Schedule A-2 - Investments - sched	lule attached	Schedule D - Income - Gifts - schedule attached	
Schedule B - Real Property - sched	ule attached	Schedule E - Income – Gifts – Travel Payments – schedule attach	ed
-or- 🗵 None - No reportable interes	sts on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Do	CITY ocument)	STATE ZIP CODE	
DAYTIME TELEPHONE NUMBER	•	EMAIL ADDRESS	
I have used all reasonable diligence in prepar herein and in any attached schedules is true		reviewed this statement and to the best of my knowledge the information of dge this is a public document.	ontaine
I certify under penalty of perjury under th	e laws of the State of Cal	ifornia that the foregoing is true and correct.	
Date Signed 03/12/2025 08:00	0 PM	Signature	
(month, day, year)		(File the origina	