CALIFORNIA FORM 700	STATEMENT	OF ECONOMIC INTE COVER PAGE	ERESTS Date Initial Filing Receiver Filing Official Use Only	
FAIR POLITICAL PRACTICES COMMISSION	A F	PUBLIC DOCUMENT	Filed Date: 03/05/2025 12:35 PM SAN: FPPC	
Please type or print in ink.				
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Gill	Veronica		Louise	
1. Office, Agency, or Court				
Agency Name (Do not use acronyms) City of Mendota				
Division, Board, Department, District, if appl	icable	Your Position		
		Planning Comm	Planning Commissioner	
► If filing for multiple positions, list below of	r on an attachment. (Do n	ot use acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Check at le	east one box)			
State	State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)	
Multi-County		County of	County of	
City of Mendota				
3. Type of Statement (Check at least	one box)			
Annual: The period covered is Januar December 31, 2024.	ry 1, 202 4, through	-	Date Left//(Check one circle below.)	
The period covered is December 31, 202 4.	/, thro	ugh	ered is January 1, 202 4, through the date of	
X Assuming Office: Date assumed	2 _/ 01 _/ 2025	 The period cover the date of leave 	ered is//, through <i>v</i> ing office.	
Candidate: Date of Election	and office s	ought, if different than Part 1:		
4. Schedule Summary (required) Schedules attached	► Total nun	nber of pages including thi	s cover page: <u>1</u>	
Schedule A-1 - Investments – schedule attached				
Schedule A-2 - Investments – sche				
Schedule B - Real Property – sche			is - Haver Fayments - schedule attached	
-or- None - No reportable intere	sts on any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public F	CIT Occument)	Ŷ	STATE ZIP CODE	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
I have used all reasonable diligence in prepare herein and in any attached schedules is tru			best of my knowledge the information contained	
I certify under penalty of perjury under t	-		e and correct.	
Date Signed	5 PM	Signature	lly signed paper statement with your filing official.)	
(month, day, year)		(riie uie origina	y signed paper statement with your ning onlicidi.)	