STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received
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Please type or print in ink.

NAME OF FILER (LAST) — Zendejas (FIRST) — Mary (MIDDLE)

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City Officials - City Council

Division, Board, Department, District, if applicable

Your Position
Councilmember - 1st District

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

☐ State

☐ Multi-County _____

☒ City of Long Beach

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of _____

☐ Other _____

3. Type of Statement *(Check at least one box)*

☐ **Annual:** The period covered is January 1, 2018, through December 31, 2018.

-or-

The period covered is ___/___/_____, through December 31, 2018.

☒ **Assuming Office:** Date assumed 12 / 03 / 2019

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ___/___/_____

(Check one circle.)

○ The period covered is January 1, 2018, through the date of leaving office.

-or-

○ The period covered is ___/___/_____, through the date of leaving office.

4. Schedule Summary (must complete)   ► *Total number of pages including this cover page:* 2
Schedules attached

☐ **Schedule A-1 -** *Investments* – schedule attached
☐ **Schedule A-2 -** *Investments* – schedule attached
☐ **Schedule B -** *Real Property* – schedule attached

☒ **Schedule C -** *Income, Loans, & Business Positions* – schedule attached
☐ **Schedule D -** *Income – Gifts* – schedule attached
☐ **Schedule E -** *Income – Gifts – Travel Payments* – schedule attached

-or- ☐ ***None -*** *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS   STREET   CITY   STATE   ZIP CODE
(Business or Agency Address Recommended - Public Document)

411 W Ocean Blvd   Long Beach   CA   90802

DAYTIME TELEPHONE NUMBER   EMAIL ADDRESS

FPPC Form 700 (2018/2019)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
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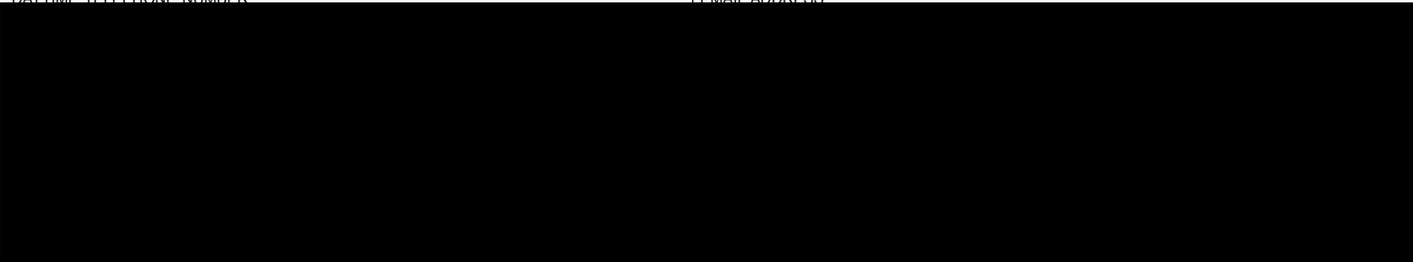
SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

Name

Mary Zendejas

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

GNS Medical

ADDRESS *(Business Address Acceptable)*

14304 Fenton Road, MI 48430

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Medical Supply Distribution

YOUR BUSINESS POSITION

Director of Regional Accounts - California

GROSS INCOME RECEIVED ☐ No Income - Business Position Only
☐ $500 - $1,000 ☐ $1,001 - $10,000
☒ $10,001 - $100,000 ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☒ 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.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

_____
(Describe)

☐ Other _____
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED ☐ No Income - Business Position Only
☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ 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.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

_____
(Describe)

☐ Other _____
(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*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

INTEREST RATE   TERM (Months/Years)

_____ % ☐ None   _____

SECURITY FOR LOAN
☐ None   ☐ Personal residence

☐ Real Property _____
Street address

_____
City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

FPPC Form 700 (2018/2019)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
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