Zendejas Mary

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
   □ 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.
   □ Leaving Office: Date Left __/__/______
   -or-
   The period covered is __/__/______, through the date of leaving office.
   □ Assuming Office: Date assumed __/__/______
   -or-
   The period covered is __/__/______, through the date of leaving office.
   □ Candidate: Date of Election _____________ and office sought, if different than Part 1: ____________________________

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
SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

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
$10,001 - $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary

Other

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

<table>
<thead>
<tr>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500 - $1,000</td>
<td>No Income - Business Position Only</td>
</tr>
<tr>
<td>$1,001 - $10,000</td>
<td></td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td></td>
</tr>
<tr>
<td>OVER $100,000</td>
<td></td>
</tr>
</tbody>
</table>

INTEREST RATE %
TERM (Months/Years)

SECURITY FOR LOAN

Real Property  
Street address

Guarantor

Other  
(Describe)