STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A Public Document

NAME OF FILER
Ruiz, Crystal L

1. Office, Agency, or Court

Agency Name
City of San Jacinto
Division, Board, Department, District, if applicable
City Council
Your Position
Mayor Pro Tem

Agency

Position

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

☐ State
☐ Multi-County
☐ City of San Jacinto
☐ County of
☐ Other

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

☐ Annual: The period covered is January 1, 2021 through December 31, 2021.
☐ Leaving Office: Date Left _____/_____/_____ (Check one circle)
☐ The period covered is January 1, 2021 through the date of leaving office.
☐ The period covered is _____/_____/_____, through the date of leaving office.
☐ Assuming Office: Date assumed _____/_____/_____
☐ 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

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
CITY
San Jacinto

STREET
CA
92583

STATE
ZIP CODE

DAYTIME TELEPHONE NUMBER
( )

E-MAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/18/2022

Signature Crystal L Ruiz

(Write the original signed paper statement with your filing official.)
## SCHEDULE C
### Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>NAME OF SOURCE OF INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>SoCal Permanente Medical Group</td>
<td>Cels Enterprises Inc</td>
</tr>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>ADDRESS (Business Address Acceptable)</td>
</tr>
<tr>
<td>Pasadena, CA 91188</td>
<td>Los Angeles, CA 90016</td>
</tr>
<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
</tr>
<tr>
<td>Medical Scheduling</td>
<td>Warehouse worker</td>
</tr>
</tbody>
</table>

**No Income - Business Position Only**

### 1. INCOME RECEIVED

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

### 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
- 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:*

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
<th>INTEREST RATE</th>
<th>TERM (Months/Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>None</td>
</tr>
</tbody>
</table>

### SECURITY FOR LOAN

- None
- Personal residence
- Real Property (Describe)
- Guarantor (Describe)
- Other (Describe)

Comments: 

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**FPPC Form 700 Schedule C (2021/2022)**

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