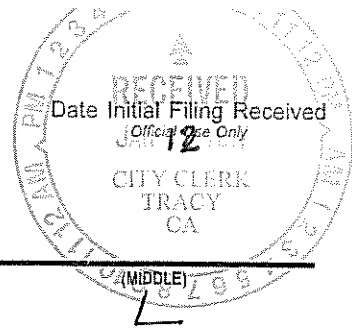


**COPY**  
 STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) Dement (FIRST) Juana (MIDDLE) L

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms) City of TRACY - City Council member -  
 Division, Board, Department, District, if applicable City Council Your Position

► 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 TRACY
- 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, 2016, through December 31, 2016.
- or-
- Assuming Office: Date assumed 01.03.2017
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2016, through the date of leaving office.
- or-
- The period covered is \_\_\_\_\_ through the date of leaving office.
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 5**

**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)  
733 Civic Center Plaza TRACY CA 95376  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
(709) 914-0635 juana.dement@ci-tracy.ca.us

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 01/11/2017  
 (month, day, year)

Signature [Handwritten Signature]  
 (File the originally signed statement with your filing official)