CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink:

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Torvinen-Tucker, Kim

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
First 5 Mariposa County Commission
Division, Board, Department, District, if applicable
Your Position
Member
► 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
☐ County of Mariposa
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Other

3. Type of Statement (Check at least one box)
- or -
The period covered is / / , through December 31, 2017.
☐ Assuming Office: Date assumed / / 
☐ Leaving Office: Date Left / / 
(Check one)
☐ The period covered is January 1, 2017, through the date of leaving office.
- 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: 1
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
(Business or Agency Address Recommended - Public Document)
5090 Jones Street
Mariposa
CA 95338

STREET
CITY
STATE
ZIP CODE

DAYTIME TELEPHONE NUMBER
(209) 966-4953

E-MAIL ADDRESS
kimtorvinen@gmail.com

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 03/12/18 (month, day, year) Signature

(Fill the originally signed statement with your filing official.)

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FIRST) (MIDDLE)
McCollom, Jennifer

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
First 5 Mariposa County Commission
Division, Board, Department, District, if applicable
Member

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 ____________________________
☐ County of Mariposa
☐ Other ____________________________

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

☐ The period covered is _______/_____/_______, through December 31, 2017.
☐ Asssuming Office: Date assumed _______/_____/_______
☐ Leaving Office: Date Left _______/_____/_______
☐ The period covered is _______/_____/_______, through the date of leaving office.
☐ Other ____________________________

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

☐ 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: 1

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
☐ Schedule F - Legal - Other Income — schedule attached
☐ Schedule G - Legal - Other Income — schedule attached

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
4670 Indian Peak Road Mariposa CA 95338

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(209) 742-4327 jennmccollom@sti.net

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 03/12/18 (month, day year) Signature

FPPC Form 700 (2017/2018) FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER  
(SMALL)  Shirley

1. Office, Agency, or Court
   Agency Name  (Do not use acronyms)
   First 5 Mariposa County Commission
   Division, Board, Department, District, if applicable
   Your Position
   Teacher/Director
   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 ____________________________
   □ Judge or Court Commissioner (Statewide Jurisdiction)
   □ County of Mariposa
   □ Other ____________________________

3. Type of Statement (Check at least one box)
   The period covered is ___________/__________/__________ through December 31, 2017.
   □ Leaving Office: Date Left ___________/__________/__________
   (Check one)
   □ The period covered is January 1, 2017, 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: CV

4. Schedule Summary (must complete)  ▶ Total number of pages including this cover page: 1
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   □ 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
   STRENGTH
   (Business or Agency Address Recommended - Public Document)
   7212 McFall Way
   COTY
   STATE
   7212 McFall Way
   Hughson
   CA
   95326
   ZIP CODE
   DAYTIME TELEPHONE NUMBER
   (209) 846-1679 (Home) 852-9656 (Work)
   EMAIL ADDRESS
   shirl.bigmama@gmail.com
   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: 03/12/18
   (month, day, year)
   Signature
   (Put the originally signed statement with your filing official)
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Harper, Jeanine

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
First 5 Mariposa County Commission
Division, Board, Department, District, if applicable
Your Position
Second Teacher

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 ____________________________
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☒ County of Mariposa
☐ Other ____________________________

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

☐ Leaving Office: Date Left _______ / _______ / _______
-OR-
The period covered is _______ / _______ / _______ , through December 31, 2017.
☐ The period covered is _______ / _______ / _______ , through the date of leaving office.
☐ Assuring 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: 1

Schedules attached

☐ Schedule A-1 - Investments - schedule attached
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☐ 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
9705 Hernandez Drive La Grange CA 95329

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
( 209 ) 852-0229 harperfam6@yahoo.com

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 03/12/18 (month, day, year)

Signature

(Print the originally signed statement with your filing official)

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Brouillette, Angelina

1. Office, Agency, or Court
   Agency Name (Do not use acronyms)
   First 5 Mariposa County Commission
   Division, Board, Department, District, if applicable
   Your Position
   Member
   ▶ 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 __________________________
   □ Judge or Court Commissioner (Statewide Jurisdiction)
   □ County of Mariposa
   □ Other __________________________

3. Type of Statement (Check at least one box)
   -or-
   The period covered is / / , through December 31, 2017.
   □ Leaving Office: Date Left / / (Check one)
   □ The period covered is January 1, 2017, through the date of leaving office.
   -or-
   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: 1
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   □ Schedule A-1 - Investments - schedule attached
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   □ 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
   (Business or Agency Address Recommended - Public Document)
   4536 Hwy 49 South Mariposa
   CITY STATE ZIP CODE CA 95338
   DAYTIME TELEPHONE NUMBER ( 209 ) 968-6361
   E-MAIL ADDRESS angelinabr2003@yahoo.com
   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 03/12/18 (month, day, year) Signature __________________________
   (We the originally signed statement with your filing official.)

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) King,  (FIRST) Margarita  (MIDDLE) 

1. Office, Agency, or Court

Agency Name (Do not use acronyms) First 5 Mariposa County Commission Division, Board, Department, District, if applicable Your Position Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: Local Child Care Planning Council Position: Member

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

☐ State
☐ Multi-County
☐ City of 
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☑ County of Mariposa
☐ Other

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

- or - The period covered is / / , through December 31, 2017.
☐ Leaving Office: Date Left / / (Check one)
- or - 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: 1

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 P.O. Box 5 (5085 Bullion Street) Mariposa, CA 95338

STREET (Business or Agency Address Recommended - Public Document)

CITY Mariposa

STATE CA

ZIP CODE 95338

DAYTIME TELEPHONE NUMBER (209) 966-3689

E-MAIL ADDRESS margarataking@mariposacounty.org

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 03/12/18 (month, day, year) 

Signature [Margarita King] (We use an original signed statement and your filing official)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Nitta, Gwen

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
First 5 Mariposa County Commission
Division, Board, Department, District, if applicable
Your Position
Member

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

Agency: Mariposa Local Child Care Planning Council
Position: Member

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

☐ State
☐ Multi-County
☐ City of ____________________________
☐ County of Mariposa
☐ Other ____________________________

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

☐ Leaving Office: Date Left ____________/___________
☐-or-
The period covered is ____________/___________ through December 31, 2017.
☐ The period covered is ____________/___________, through the date of leaving office.
☐-or-
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:

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

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 1

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

5. Verification

MAILING ADDRESS
(Other or Agency Address Recommended - Public Document)
3130 East Westfall Rd.
Mariposa, CA 95338

DAYTIME TELEPHONE NUMBER
(209) 742-6332

E-MAIL ADDRESS
gnitta@sti.net

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 03/12/18
(month, day, year) Signature

(Place the originally signed statement with your filing officials)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
McCarthy, Patrick

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
First 5 Mariposa County Commission

Division, Board, Department, District, if applicable

Your Position
Member

► 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 ____________________________

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☒ County of Mariposa

☐ Other ____________________________

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

- or -
The period covered is ___________/_________/__________, through December 31, 2017.

☐ Leaving Office: Date Left ___________/_________/__________
(Check one)

○ The period covered is January 1, 2017, through the date of leaving office.
- or -

○ 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: 1

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
P.O. Box 1549 (P.O. Box 8 - Work Address)
Mariposa, CA 95338

STREET ____________________________

CITY ____________________________ STATE CA ZIP CODE 95338

DAYTIME TELEPHONE NUMBER ( 209 ) 966-2247

E-MAIL ADDRESS papapat456@gmail.com

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 03/12/18 (month, day, year) Signature ______________________

(If the originally signed statement with your filing official.)

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FFPC Advice Email: advice@fppc.ca.gov
FFPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
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FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Valle, Saldalena (Chriissy)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
First 5 Mariposa County Commission
Division, Board, Department, District, if applicable
Your Position
Teacher/Director

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 ___________________________
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of Mariposa
☐ Other ___________________________

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

☐ Leaving Office: Date Left ________________ (Check one)
- or - The period covered is ___________/__________/__________, through December 31, 2017.
☐ The period covered is January 1, 2017, through the date of leaving office.
☐ Assuming Office: Date assumed ___________/__________/__________
☐ The period covered is ___________/__________/__________, through
the date of leaving office.
☐ Candidate: Date of Election ___________/__________/__________ and office sought, if different than Part 1:

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☐ 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
37397 Jose Basin Road
Auberry, CA 93602

STREET

CITY STATE ZIP CODE

(559) 359-1053 (Home) (209) 72-5437 (Work)

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS
cvps@sti.net

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 03/12/18 (month, day, year)

Signature Saldalena Valle

(Fill the originally signed statement with your filing official.)

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Valle, Saldalena (Chrissy)

1. Office, Agency, or Court
   Agency Name (Do not use acronyms)
   First 5 Mariposa County Commission
   Division, Board, Department, District, if applicable
   Your Position
   Teacher/Director
   ▶ 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
   □ Other
   □ Judge or Court Commissioner (Statewide Jurisdiction)
   □ County of ________________

3. Type of Statement (Check at least one box)
   □ Leaving Office: Date Left ____________
   (Check one)
   □ The period covered is January 1, 2017, 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: 1

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   □ Schedule E - Income - Gifts - Travel Payments - schedule attached
   □ Other
   □ None - No reportable interests on any schedule

5. Verification
   MAILING ADDRESS
   (Business or Agency Address Recommended - Public Document)
   37397 Jose Basin Road
   Auberry, CA 93602
   STREET
   CITY
   STATE
   ZIP CODE
   DAYTIME TELEPHONE NUMBER
   (559) 359-1053 (Home) (209) 72-5437 (Work)
   E-MAIL ADDRESS
cvps@sti.net

   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: 03/12/18
   (month, day, year)
   Signature: ____________________________
   ( Rw the originally signed statement with your filing official )
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER  (LAST)  (FIRST)  (MIDDLE)
Gibson, Amanda

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
First 5 Mariposa County Commission
Division, Board, Department, District, if applicable
Your Position
Second Teacher

► 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 ____________________________
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of ____________________________
☐ Other ____________________________

3. Type of Statement (Check at least one box)
☐ Leaving Office: Date Left __________/________/__________
☐ The period covered is __________/________/__________ through December 31, 2017.
☐ Assumining Office: Date assumed __________/________/__________
☐ 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: 1

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☐ 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
5020 Coakley Circle Apt. 20  Mariposa  CA  95338

DAYTIME TELEPHONE NUMBER  E-MAIL ADDRESS
( 209 ) 347-6810

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 03/12/18  (month, day, year)  Signature ____________________________

(Fill the originally signed statement with your filing official)
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Gibson, Amanda

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
First 5 Mariposa County Commission
Division, Board, Department, District, if applicable
Your Position
Second Teacher

► 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 ____________________________
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of Mariposa
☐ Other ____________________________

3. Type of Statement (Check at least one box)
- or -
The period covered is __________/_________/__________, through December 31, 2017.
☐ 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: 1
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
5020 Coakley Circle Apt. 20 Mariposa CA 95338
Daytime Telephone Number: ( 209 ) 347-6810 
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 03/12/18 (month, day, year) Signature ____________________________

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-5772 www.fppc.ca.gov
STREET: 5284 Hwy 49 North  
CITY: Mariposa  
STATE: CA  
ZIP CODE: 95338

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

Date Signed: 03/12/18  
Signature: [Signature]

(File the originally signed statement with your filing officer.)
1. Office, Agency, or Court

Agency Name (Do not use acronyms)
First 5 Mariposa County Commission

Division, Board, Department, District, if applicable

Your Position
Fiscal Analyst

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 __________________________

☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of Mariposa
☐ Other __________________________

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

☐ Leaving Office: Date Left ________/_______/_______
☐ The period covered is ________/_______/_______, through December 31, 2017.
☐ 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: 1

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
4166 Sullivan Road
Mariposa, CA 95338

STREET

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER
(209) 742-4234

EMAIL ADDRESS
nwest2006@yahoo.com

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 03/12/18

Signature __________________________

[File the originally signed statement with your filing official]
Jeane Hetland, Executive Director  
First 5 of Mariposa  
P.O. Box 966  
Mariposa, CA 95338

Dear Ms. Hetland:

Enclosed is a copy of the completed Form 700 with County Counsel Steven W. Dahlem’s original signature for filing with your agency. Please contact me if you need additional information.

Very truly yours,

Rhonda Scherf  
Legal Executive Assistant to County Counsel

Enclosure
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Dahlem Steven W

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
County of Mariposa
Division, Board, Department, District, if applicable
County Counsel

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: Attached list of agencies
Position:

2. Jurisdiction of Office (Check at least one box)
☐ State
☐ Multi-County
☐ City of
☐ County of Mariposa
☐ Other

3. Type of Statement (Check at least one box)
☐ Leaving Office: Date Left / / 
☐ or
☐ The period covered is / / , through December 31, 2017.
☐ The period covered is / / , through the date of leaving office.
☐ Assuming Office: Date assumed / / 
☐ or
☐ 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: 1
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
(PO Box 189, 5100 Bullion Street)
CITY
STATE
ZIP CODE
Mariposa
CA
95338-0189

DAYTIME TELEPHONE NUMBER
( 209 ) 966-3222
E-MAIL ADDRESS
sdahlem@mariposecounty.org

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 01/17/2018 10:24 AM (month, day, year)
Signature

(Fill the originally signed statement with your filing official)

FFPC Form 700 (2017/2018)
FFPC Advice Email: advice@ffpc.ca.gov
FFPC Toll-Free Helpline: 866/275-3772 www.ffpc.ca.gov
AGENCIES (CONTINUED):

1. Area 12 Agency on Aging Joint Powers Authority (A12AA JPA)
2. Yosemite Area Regional Transportation Systems (YARTS) JPA
3. First Five of Mariposa County
4. Mountain Valley Emergency Medical Services Agency
5. Local Agency Formation Commission (LAFCo)
6. Mariposa County Water Agency
7. Mariposa Safe Families, Inc.
8. Mariposa County Resource Conservation District (MCRCD)