1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Mariposa County Supervisor D2
Division, Board, Department, District, if applicable
District 2
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
☐ County of Mariposa
☐ City of
☐ Other

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

☒ Annual: The period covered is January 1, 2021, through December 31, 2021.
☐ -or-
The period covered is ______/_____/_______, through December 31, 2021.
☐ Assuming Office: Date assumed ______/_____/_______
☐ Leaving Office: Date Left ______/_____/_______
☐ The period covered is January 1, 2021, through the date of leaving office.
☐ -or-
The period covered is ______/_____/_______, through the date of leaving office.

☒ Candidate: Date of Election 11-8-22 and office sought, if different than Part 1: Supervisor Mariposa County

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 3

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
(City or Agency Address Recommended - Public Document)

STREET
Countrylee

CITY
STATE
CA
ZIP CODE
95311

DAYTIME TELEPHONE NUMBER
(503) 851-2946

EMAIL ADDRESS
poemining@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 8-13-22

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

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
American Mining Rights Assoc.
ADDRESS (Business Address Acceptable)
P.O. Box 467 Coulterville CA 95311
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Educational 501 (c)(3) Non-Profit
YOUR BUSINESS POSITION
President

GROSS INCOME RECEIVED
☐ $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
☐ Other ☒ Travel, Meetings, Speeches, Educational
(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
☐ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
☐ None ☐ Personal residence
☐ Real Property Street address
☐ Guarantor City
☐ Other (Describe)
**SCHEDULE E**

**Income – Gifts**

**Travel Payments, Advances, and Reimbursements**

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

### NAME OF SOURCE (Not an Acronym)

<table>
<thead>
<tr>
<th>American Mining Rights Assoc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
</tr>
<tr>
<td>P.O. Box 4167</td>
</tr>
<tr>
<td>CITY AND STATE</td>
</tr>
<tr>
<td>Coulterville CA 95311</td>
</tr>
</tbody>
</table>

**501 (c)(3) or describe business activity, if any, of source**

- Educational

**DATE(S):** 1/1/21 - 1/1/22

AMT: $28,874

**MUST CHECK ONE:**

- [ ] Gift
- [ ] Income

- Made a Speech/Participated in a Panel
- [ ] Other - Provide Description
  - Educational
  - Travel, meetings, speeches

- If Gift, Provide Travel Destination

### NAME OF SOURCE (Not an Acronym)

| ADDRESS (Business Address Acceptable) |
| CITY AND STATE |

**501 (c)(3) or describe business activity, if any, of source**

**DATE(S):**

AMT: $ (If gift)

**MUST CHECK ONE:**

- [ ] Gift
- [ ] Income

- Made a Speech/Participated in a Panel
- [ ] Other - Provide Description

- If Gift, Provide Travel Destination

### NAME OF SOURCE (Not an Acronym)

| ADDRESS (Business Address Acceptable) |
| CITY AND STATE |

**501 (c)(3) or describe business activity, if any, of source**

**DATE(S):**

AMT: $ (If gift)

**MUST CHECK ONE:**

- [ ] Gift
- [ ] Income

- Made a Speech/Participated in a Panel
- [ ] Other - Provide Description

- If Gift, Provide Travel Destination

---

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

Signed: [Signature]

Date: [Date]

3. Verification:

☐, and I accept the voluntary expenditure ceiling for the election stated above.

☐, and I accept the voluntary expenditure ceiling for the election stated above.

☐, and I accept the voluntary expenditure ceiling for the election stated above.

☐, and I accept the voluntary expenditure ceiling for the election stated above.

☐, and I accept the voluntary expenditure ceiling for the election stated above.

2. State Candidate Expenditure Limit Statement:

Name of Multi-County Association: [Name]  0 0 0 0

Party Preference: 0 0 0 0

City County: 0 0 0 0

State (continued on next page): 0 0 0 0

Street Address: [Address]

City: [City]

State: [State]

Zip Code: [Zip Code]

Fax Number: [Fax Number]

Daytime Telephone Number: [Phone Number]

Name of Candidate: [Name]

Date: 0 0 0 0

Check One: Initial Amendment

Candidate Information:

For Official Use Only

Filed

Form 501

Field

California

Aug - 2 2022

Filed

Form 501

California
5. Verification

I declare under penalty of perjury that to the best of my knowledge and belief, that I will receive less than $2,000 and that I will spend less than $2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the law of the State of California, that the foregoing is true and correct.

None

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidate:

3. Office Sought or Held

Supervisor

2. Officeholder or Candidate Information

Shanae M. Lee

CA 93211

State 2020

1. Statement Covers Calendar Year

2022