STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A Public Document

NAME OF FILER

(CLEARY, MIKE)

1. Office, Agency, or Court

Agency Name: (Do not use acronyms)
Mariposa County
Division, Board, Department, District, if applicable
Mariposa Public Utilities District
Your Position: Director Office 4

Agency: 

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 -

☐ 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.

☒ Candidate: Date of Election 11/8/2022 and office sought, if different than Part 1:

4. Schedule Summary (must complete)

- Total number of pages including this cover page: 1

☐ 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

PO Box 410
Mariposa
CA 95338

DAYTIME TELEPHONE NUMBER

(209) 617-5080

E-MAIL ADDRESS

mcleary@ucmerced.edu

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 08/11/2022

Signature Mike Cleary

(Fill the originally signed paper statement with your filing official)
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

Filed

2/11/2022

3. Verification:

☐ On, ☐ Off (applicable)

☐ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

☐ I did not exceed the expenditure ceiling in the primary or special election held on

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

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

2. State Candidate Expenditure Limit Statement:

Party Preference:

Office Preferece:

DISTRICT NUMBER (applicable)

STREET ADDRESS

CITY, STATE ZIP CODE (applicable)

OFFICE LOCATION (applicable)

fax number (applicable)

DIRECTOR / MANE

EMERGECY NUMBER

E-MAIL (applicable)

NAME OF CANDIDATE (full legal name)

check one: ☐ Initial ☐ Amendment (explain)

Candidate Information:

4. Position Title:

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### 2. Officerholder or Candidate Information

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<td>Julie Clear</td>
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<th>Current Address</th>
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<td>3740 24th Street, Canoga Park, CA 91304</td>
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<tr>
<td>(818) 200-0200</td>
<td><a href="mailto:julieclear@example.com">julieclear@example.com</a></td>
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### 3. Office Sought or Held

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<td>MWD Director</td>
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### 4. Committee Information

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### 5. Certification

Verifiable

By:

Exceeded on: 2/2/2022

Participated in

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

1. Officerholder or Candidate Information

2. Office Sought or Held

3. Current Address

4. Mailing Address

5. Committee Information

6. Certification

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

Exceeded on: 2/2/2022

Participated in

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

Exceeded on: 2/2/2022

Participated in

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

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