STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Proske John

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Mariposa County Unified School District
Division, Board, Department, District, if applicable
Your Position

Agency: Mariposa County
Position: Board Member - District 7

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

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

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

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 11/8/22

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
P.O. Box 521
Mariposa CA 95338

STREET
DAYTIME TELEPHONE NUMBER
(209) 966-2554

EMAIL ADDRESS
Mariposa@acti.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 8/17/22

Signature

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

NAME
Pioske, Gail

SCHEDULE B
Interests in Real Property
(Including Rental Income)

ASSESSOR’S PARCEL NUMBER OR STREET ADDRESS

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

ACQUIRED DISPOSED

$2,000 - $10,000
$10,001 - $100,000
$100,001 - $1,000,000
Over $1,000,000

Nature of Interest

Ownership/Deed of Trust
Leasehold
Easement

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

$0 - $499
$500 - $1,000
$1,001 - $10,000
$10,001 - $100,000
OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

Lea

LAWA & Claude Belair

* You are not required to report loans from a commercial lending institution 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

INTEREST RATE

TERM (Months/Year)

HIGHEST BALANCE DURING REPORTING PERIOD

% None

OVER $100,000

Guarantor, if applicable

Comments:

Print   Clear

PPRC Form 700 - Schedule B (2021/12/31)
advice@pprc.ca.gov • 866-279-2772 • www.pprc.ca.gov
Page 11
Form 501

Candidate Information

Candidate: SAMUEL A. SCOTT

State: CA

Office: State

District Number: 1

Party: Republican

Party Reference: Mayoral Race

Name: SAMUEL A. SCOTT

Address: 14505 CALIFORNIA AVE

City: Temple City

State: CA

Zip Code: 91780

Telephone: (626) 443-8123

Fax: (626) 812-1452

E-mail: sam@scottlaw.com

Office Address: PO BOX 774

City: Temple City

State: CA

Zip Code: 91780

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Candidate Information:
I certify under penalty of perjury that to the best of my knowledge and belief, 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 laws of the State of California that the foregoing is true and correct.

By: ___________________________ Date: ___________________________

September 29, 2022

5. Verification

[Signature]

4. Committee Information

[Name of Treasurer]

[Committee Address]

[Committee Name, and IC number]

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

[Optional Phone number]

[Fax/Email Address]

[District Number]

[Zip Code]

[City]

[State]

[Street Address]

[County]

[State]

[Zip Code]

[City]

3. Office Sought or Held

[Office Sought or Held]

2. Officeholder or Candidate Information

[Officeholder or Candidate Name]

[Officeholder or Candidate Address]

1. Statement Covers Calendar Year 20__

[Statement Covers Calendar Year 20__]

[Amendment (If applicable)]

[Office Sought or Held]

[Officeholder or Candidate Name]

[Officeholder or Candidate Address]

[Office Sought or Held]

[Officeholder or Candidate Name]

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