STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A Public Document

1. Office, Agency, or Court
   Agency Name (Do not use acronym)
   Mariposa County
   Division, Board, Department, District, if applicable
   Mariposa County Unified School District
   Your Position
   Board Member - District 1
   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)
   ☐ Annual: The period covered is January 1, 2021 through December 31, 2021.
     -or-
     The period covered is ______/______/______ 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.
   ☒ Candidate: Date of Election ______/______/2022 and office sought, if different than Part 1:

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: ___
   Schedules attached
   ☒ Schedule A-1 - Investments - schedule attached
   ☒ Schedule A-2 - 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
   MAKING ADDRESS
   (Business or Agency Address Recommended - Public Document)
   Mariposa
   CITY CA
   STREET
   ZIP CODE 95338
   DAYTIME TELEPHONE NUMBER (310) 365-1390
   E-MAIL ADDRESS kinellenl3@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 08/02/2022
   (month, day, year)
   Signature Kim Monson
   (Fill the originally signed paper statement with your filing official)
SCHEDULE A-1
Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

NAME OF BUSINESS ENTITY
Coca-Cola Company
GENERAL DESCRIPTION OF THIS BUSINESS
Food and Beverage

FAIR MARKET VALUE
☑ $2,000 - $10,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
/ / 21
ACQUIRED
DISPOSED

NAME OF BUSINESS ENTITY
Emerson Electric Company
GENERAL DESCRIPTION OF THIS BUSINESS
Technology and Software

FAIR MARKET VALUE
☑ $2,000 - $10,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
/ / 21
ACQUIRED
DISPOSED

NAME OF BUSINESS ENTITY
Glasco Smith Kline
GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals

FAIR MARKET VALUE:
☑ $2,000 - $10,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
/ / 21
ACQUIRED
DISPOSED

NAME OF BUSINESS ENTITY
New Residential Investments
GENERAL DESCRIPTION OF THIS BUSINESS
Real Estate Investment Trust

FAIR MARKET VALUE
☑ $2,000 - $10,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
/ / 21
ACQUIRED
DISPOSED

NAME OF BUSINESS ENTITY
Broadcom Inc.
GENERAL DESCRIPTION OF THIS BUSINESS
Semiconductor Manufacturing

FAIR MARKET VALUE
☐ $2,000 - $10,000
☑ $100,001 - $1,000,000
☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
/ / 21
ACQUIRED
DISPOSED

NAME OF BUSINESS ENTITY
Verizon Communications
GENERAL DESCRIPTION OF THIS BUSINESS
Telecommunications

FAIR MARKET VALUE
☑ $2,000 - $10,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
/ / 21
ACQUIRED
DISPOSED

Comments:
# SCHEDULE A-1

## Investments

**Stocks, Bonds, and Other Interests**

*(Ownership Interest is Less Than 10%)*

*Investments must be itemized.*

*Do not attach brokerage or financial statements.*

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>Electric Power Management</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**FAIR MARKET VALUE**

<table>
<thead>
<tr>
<th>$2,000 - $10,000</th>
<th>$10,001 - $100,000</th>
<th>Over $1,000,000</th>
</tr>
</thead>
</table>

**NATURE OF INVESTMENT**

- Stock
- Other

(IF applicable, list date: **/ / 21**)

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>Lithium Americas Corporation</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

**FAIR MARKET VALUE**

<table>
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<tr>
<th>$2,000 - $10,000</th>
<th>$10,001 - $100,000</th>
<th>Over $1,000,000</th>
</tr>
</thead>
</table>

**NATURE OF INVESTMENT**

- Stock
- Other

(IF applicable, list date: **/ / 21**)

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>Chisera Investment Corporation</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**FAIR MARKET VALUE**

<table>
<thead>
<tr>
<th>$2,000 - $10,000</th>
<th>$10,001 - $100,000</th>
<th>Over $1,000,000</th>
</tr>
</thead>
</table>

**NATURE OF INVESTMENT**

- Stock
- Other

(IF applicable, list date: **/ / 21**)

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>Vale SA</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**FAIR MARKET VALUE**

<table>
<thead>
<tr>
<th>$2,000 - $10,000</th>
<th>$10,001 - $100,000</th>
<th>Over $1,000,000</th>
</tr>
</thead>
</table>

**NATURE OF INVESTMENT**

- Stock
- Other

(IF applicable, list date: **/ / 21**)

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>Genuine Parts Company</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</table>

**FAIR MARKET VALUE**

<table>
<thead>
<tr>
<th>$2,000 - $10,000</th>
<th>$10,001 - $100,000</th>
<th>Over $1,000,000</th>
</tr>
</thead>
</table>

**NATURE OF INVESTMENT**

- Stock
- Other

(IF applicable, list date: **/ / 21**)

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>Chevron Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FAIR MARKET VALUE**

<table>
<thead>
<tr>
<th>$2,000 - $10,000</th>
<th>$10,001 - $100,000</th>
<th>Over $1,000,000</th>
</tr>
</thead>
</table>

**NATURE OF INVESTMENT**

- Stock
- Other

(IF applicable, list date: **/ / 21**)

**Comments:**
SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

NAME OF BUSINESS ENTITY
PharMerica
GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other
☐ Partnership
☐ Income Received of $0 - $499
☐ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
/ / 21
ACQUIRED
/ / 21
DISPOSED

NAME OF BUSINESS ENTITY
Lockheed Martin Corporation
GENERAL DESCRIPTION OF THIS BUSINESS
Aerospace

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other
☐ Partnership
☐ Income Received of $0 - $499
☐ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
/ / 21
ACQUIRED
/ / 21
DISPOSED

NAME OF BUSINESS ENTITY
Analog Devices Inc
GENERAL DESCRIPTION OF THIS BUSINESS
Semiconductor Manufacturing

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other
☐ Partnership
☐ Income Received of $0 - $499
☐ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
/ / 21
ACQUIRED
/ / 21
DISPOSED

NAME OF BUSINESS ENTITY
Cisco Systems
GENERAL DESCRIPTION OF THIS BUSINESS
Technology Company

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other
☐ Partnership
☐ Income Received of $0 - $499
☐ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
/ / 21
ACQUIRED
/ / 21
DISPOSED

NAME OF BUSINESS ENTITY
Procter and Gamble
GENERAL DESCRIPTION OF THIS BUSINESS
Consumer Goods

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other
☐ Partnership
☐ Income Received of $0 - $499
☐ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
/ / 21
ACQUIRED
/ / 21
DISPOSED

Comments:
SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Investments must be itemized.
Do not attach brokerage or financial statements.

Name
Nonson, Jim

NAME OF BUSINESS ENTITY
Las Vegas Sands Corporation

GENERAL DESCRIPTION OF THIS BUSINESS
Gaming, Entertainment, and Hospitality

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000 ☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other ☐ (Describe)
☐ Partnership ☐ Income Received of $0 - $4999
☐ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
/ / 21
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000 ☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other ☐ (Describe)
☐ Partnership ☐ Income Received of $0 - $4999
☐ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
/ / 21
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000 ☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other ☐ (Describe)
☐ Partnership ☐ Income Received of $0 - $4999
☐ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
/ / 21
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000 ☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other ☐ (Describe)
☐ Partnership ☐ Income Received of $0 - $4999
☐ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
/ / 21
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000 ☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other ☐ (Describe)
☐ Partnership ☐ Income Received of $0 - $4999
☐ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
/ / 21
ACQUIRED DISPOSED

COMMENTS:
SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

NAME OF SOURCE OF INCOME

Mariposa Unified School District

ADDRESS (Business Address Acceptable)
Mariposa, CA 95338

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public School District
YOUR BUSINESS POSITION
Long Term Substitute Teacher, Spring 2022

GROSS INCOME RECEIVED
☐ No Income - Business Position Only
☐ $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
☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
☐ Sale of
☐ Loan repayment
☐ Commission or Rental Income, list each source of $10,000 or more

☐ Other

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
☐ No Income - Business Position Only
☐ $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
☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
☐ Sale of
☐ Loan repayment
☐ Commission or Rental Income, list each source of $10,000 or more

☐ Other

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

TERM (Months/Years)

☐ None

SECURITY FOR LOAN
☐ None
☐ Personal residence
☐ Real Property

Street address

City

Guarantor

Other

(Describe)

Comments: Other than this stint as a long term substitute, my husband and I receive income from STERS, and from our retirement accounts.

FPPC Form 700 Schedule C (2021/2022)
Schedule C comment:
Other than this stint as a long term substitute, My husband and I receive income from STERS, and from our retirement accounts.
1. Candidate Information:

Candidate: WILLIAMS

MARIPOSA COUNTY OFFICE

Position: District 1

Street Address: 1320 MAIN STREET

City: MARIPOSA

ZIP Code: 95338

Email: kwilliams.1320@gmail.com

Telephone: (209) 365-1370

Fax Number: (209) 365-1370

Date of Oath (Optional)

Form: (Optional)

2. State Candidate Expenditure Limit Statement:

3. Verification:

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

[Signature]

Date: [Signature]

Form 501 (August/2010)
5. Verification

I certify under penalty of perjury that to the best of my knowledge and belief, the statements and the supporting documents are true and correct.

[Signature]

6/28/2022

District:

Office Sought or Held:

County:

Candidate:

Address:

Phone:

Email:

City:

State:

Zip Code:

City:

State:

Zip Code:

Statement Covers Calendar Year:

11/8/2022

Candidate:

Office Sought or Held:

District:

Amendment (Check Box)

KYM WILLIAMS

MARIANOS COUNTY CLERK

SEP 29 2022

FORM 470

CALIFORNIA

Filed
<table>
<thead>
<tr>
<th>Name/Title</th>
<th>Address 1</th>
<th>Address 2</th>
<th>City</th>
<th>County</th>
<th>Zip Code</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kim Hinson</td>
<td>310-365-1900</td>
<td>123 Main St.</td>
<td>123 Main St.</td>
<td>Monterey County</td>
<td>93938</td>
<td>555-555-5555</td>
<td><a href="mailto:kinhinson@email.com">kinhinson@email.com</a></td>
</tr>
<tr>
<td>bold text</td>
<td>209-366-2443</td>
<td>123 Main St.</td>
<td>123 Main St.</td>
<td>Monterey County</td>
<td>93938</td>
<td>555-555-5555</td>
<td><a href="mailto:kinhinson@email.com">kinhinson@email.com</a></td>
</tr>
</tbody>
</table>

3. Verification

Attach additional information on appropriate labeled continuation sheets.

[Signature]

[Date]

4. Treasurer and Other Principal Officers

[Signature]

[Date]

For ofice use only

Form 410

Filed

California
<table>
<thead>
<tr>
<th>Candidate's Name:</th>
<th>Xim Mison</th>
<th>2022</th>
<th>Harper Park School Board Trustee</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>CA</td>
<td>95338</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>5171 HP 49 N</td>
<td>209-960-5444</td>
<td></td>
</tr>
<tr>
<td>Bank Account:</td>
<td>Premier Valley Bank</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All committees must list the financial institution where the committee bank account is located.

Instructions on page 2

Statement of Organization

Receipient Committee

Form 410
California