**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**

**A Public Document**

Please type or print in ink.

**NAME OF FILER**

(First) Pribyl, Linda

(First) Pribyl, Linda

1. **Office, Agency, or Court**
   
   **Agency Name** (Do not use acronyms)
   
   Mariposa County
   
   Division, Board, Department, District, if applicable
   
   John C. Fremont Healthcare District
   
   Your Position
   
   Member, Board of Directors
   
   ➤ 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 John C. Fremont Healthcare District

3. **Type of Statement (Check at least one box)**
   
   □ Annual: The period covered is January 1, 2021 through December 31, 2021
   
   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.
   
   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: __________

   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 215
   
   Mariposa, CA 95338

   **DAYTIME TELEPHONE NUMBER**
   
   (209) 966-4828

   **E-MAIL ADDRESS**
   
   pedals2sti.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** 08/07/2022

   **Signature** Linda Pribyl

   (File the originally signed paper statement with your filing official)
3. Certification:

<table>
<thead>
<tr>
<th>On.</th>
<th>I contributed personal funds in excess of the expenditure ceiling for the election stated above.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(check one box)</td>
</tr>
</tbody>
</table>

(Per section 84410.3(c)(1) of the Elections Code)

2. State Candidate Expenditure Limit Statement:

<table>
<thead>
<tr>
<th>Office Position Title</th>
<th>Candidate Name</th>
<th>Agency Name</th>
<th>City</th>
<th>County</th>
<th>Mail Code:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Member</td>
<td>John C. Fremont</td>
<td>49388</td>
<td></td>
<td></td>
<td>95338</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Healthcare District</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Per section 84410.3(c)(1) of the Elections Code)

1. Candidate Information:

<table>
<thead>
<tr>
<th>Name of Candidate (not adopted form)</th>
<th>Date of Elected Office (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>John C. Fremont</td>
<td>9/24/97-9/23/22</td>
</tr>
</tbody>
</table>

(Per section 84410.3(c)(1) of the Elections Code)

Form 501 Filed

<table>
<thead>
<tr>
<th>Date Filed</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 8 2022</td>
<td>M. Williams</td>
</tr>
</tbody>
</table>

(Per section 84410.3(c)(1) of the Elections Code)


5. Verification

I declare under penalty of perjury that the best of my knowledge, I hereby state that I will report 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.

September 27, 2022

By

[Signature]

[Name]

[Title]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email]

6. Disclosure of Contributions

7. Expenditure and Receipts

8. Signature

[Name]

[Title]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email]

9. Certification

I certify that the information contained in this statement is true and correct.

[Signature]

[Name]

[Title]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email]