STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER  (LAST)  (FIRST)  (MIDDLE)
Flnhuarty  Rose  A

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

► 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  ☑ County of Mariposa  ☐ Other

☐ Multi-County

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.)
-Or-
The period covered is ____________, through December 31, 2021.
☐ The period covered is ____________, through the date of leaving office.
-Or-
☐ Assuming Office: Date assumed ____________

☐ Candidate: Date of Election 11/08/2022 and office sought, if different than Part 1:

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
-Or-  ☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
P.O. Box 1349  Mariposa  CA  95338
STREET
CITY  STATE  ZIP CODE
401 S. Main St.
STREET
CITY  STATE  ZIP CODE
D. T. F. TELEPHONE NUMBER
(209) 628-6674
EMAIL ADDRESS
rosefluartynutrition@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 08/08/2022  Signature  
(Date in day, month, year)

Print  Clear
### SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

#### 1. INCOME RECEIVED

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>ADDRESS (Business Address Acceptable)</th>
<th>BUSINESS ACTIVITY, IF ANY, OF SOURCE</th>
<th>YOUR BUSINESS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rose Flaherty Nutrition!</td>
<td></td>
<td>Owner, Sale, Proprietor</td>
<td></td>
</tr>
</tbody>
</table>

- **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 if $10,000 or more
  - Other (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:

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
<th>ADDRESS (Business Address Acceptable)</th>
<th>BUSINESS ACTIVITY, IF ANY, OF LENDER</th>
<th>HIGHEST BALANCE DURING REPORTING PERIOD</th>
</tr>
</thead>
</table>
|                 |                                       |                                      | $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
    - Address
    - City
  - Guarantor
  - Other
    - (Describe)

Comments: 

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FFPC Form 700 - Schedule C (2021/2022)
advice@ffpc.ca.gov • 866-237-3572 • www.ffpc.ca.gov
Page 3
Exhibit on 09/27/2002

[Signature]

6. Verification

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

4. Committee Information

(209) 628-6574

NAME OF CANDIDATE

MAILING ADDRESS

CA 95338

OFFICE ADDRESS OR HELD

R. Fischer

CITY

STATE

ZIP CODE

6. Verification

I declare under penalty of perjury to the best of my knowledge and belief 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 [Signature]

Date

1. Statement Covers Calendar Year 2002

2. Officers or Candidate Information

3. Office Sought or Held

4. Committee Information

(209) 628-6574

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