022000294-NFR-0294

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A Public Document

Please type or print in ink.

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

Prep, Submit

1. Office, Agency, or Court

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

Agency: 
Position: 

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

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

☐ State
☐ Multi-County
☐ City of 
☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
☒ County of Mariposa
☐ (Statewide Jurisdiction)
☒ 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.
☐ Leaving Office: Date Left ___/___/___
☐ The period covered is ___/___/___ through December 31, 2021.
☐ (Check one circle)
☐ The period covered is ___/___/___, through the date of
☐ Assuming Office: Date assumed ___/___/___
☐ 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: 2

☐ Schedule A-1 - Investments - schedule attached
☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached
☐ Schedule F - Other Interests - schedule attached

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Neighborhood or Agency Address Recommended - Public Document)
Mariposa NA 95338

DAYTIME TELEPHONE NUMBER (209) 742-6962
E-MAIL ADDRESS amprue@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 08/10/2022 (month, day, year) Signature Suzette Prue

(Files the originally signed paper statement with your filing official)

FPPC Form 700 - Cover Page (2021/2022)
SCHEDULE B
Interests in Real Property
(Including Rental Income)

ASSESSOR’S PARCEL NUMBER OR STREET ADDRESS

CITY

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

IF APPLICABLE, LIST DATE:

ACQUIRED DISPOSED

21 21

NATURE OF INTEREST
☐ Leasehold
☐ Yes, remaining
☐ Other
☐ Ownership/Deed of Trust
☐ 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.

None

CALIFORNIA FORM
FAIR POLITICAL PRACTICES COMMISSION

Name
Pruc, Suzette

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

HIGH BALANCE DURING REPORTING PERIOD

☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

Guarantor, if applicable

* 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/Years)

HIGH BALANCE DURING REPORTING PERIOD

☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

Guarantor, if applicable

Comments:
Candidate Intention Statement

Check One: ☑ Initial □ Amendment (Explain)

1. Candidate Information:
NAME OF CANDIDATE (Last, First, Middle Initial) Prue Suzette M
DAYTIME TELEPHONE NUMBER (209) 742 6962
FAX NUMBER (optional) (/)
EMAIL (optional)
STREET ADDRESS Mariposa
CITY Mariposa
STATE CA
ZIP CODE 95338
OFFICE LOCATION/POSITION TITLE
AGENCY NAME Board Member-At-Large John C Fremont Healthcare District
DISTRICT NUMBER, if applicable
NON-PARTISAN OFFICE
PARTY PREFERENCE:
☐ PRIMARY / GENERAL
☐ SPECIAL / RUN-OFF

2. State Candidate Expenditure Limit Statement:
(Candidates for local offices do not complete Part 2)

(Check one box)
☑ I accept the voluntary expenditure ceiling for the election stated above.
☐ I do not accept the voluntary expenditure ceiling for the election stated above.
Amendment:
☐ I did not exceed the expenditure ceiling in the primary or special election held on ______ and I accept the voluntary expenditure ceiling for the general or special run-off election.

☐ On, __/__/____ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

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

Executed on 8/2/22
(Signature) [Candidate]

FPPC Form 501 (August 2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov