STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.
NAME OF FILER (LAST) (FIRST)
Johnson, Teresa Jo

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
☐ County of Mariposa
☐ Other

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
J. 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 __/__/____
☐ Assum ing Office: Date assumed __/__/____
☐ The period covered is __/__/____, through December 31, 2021
☐ The period covered is __/__/____, 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: __

☐ Schedule A-I - 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
☐ Schedule F - Real Property - schedule attached

☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS __________________________ STREET __________________________ CITY ______ STATE ______ ZIP CODE ______
(Nonprofit or Agency Address Recommended - Public Document)
N/A N/A NA N/A
DAYTIME TELEPHONE NUMBER __________________________ E-MAIL ADDRESS __________________________
( 209 ) 742-2606 shomantj@hotmail.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 __/__/____ Signature Draft Document only

(Files the original signed for the next with your filing official)

FPPC Form 700 Draft - Cover Page (21/21/2022)
advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Exhibit on

3. Certification:

On: ☐

☐ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

☐ I did not exceed the expenditure ceiling in the primary or special election held on __________ and I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

☐ I accept the voluntary expenditure ceiling for the election stated above.

2. State Candidate Expenditure Limit Statement:

<table>
<thead>
<tr>
<th>Party Preference</th>
<th>SpecialRUNNER</th>
<th>Candidate Name</th>
<th>Address</th>
<th>City</th>
<th>County</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(initials)</td>
<td>MAGROSA, A.</td>
<td>95338</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Candidate Information:

☐ Check One: Initial ☐ Amendment (explain)

Candidate Information:

Mariposa County Clerk

FILED

Filed by

Alicia L. 2021

Date Signed
PFP ADVISORY WARNING: The general law requires that the sponsoring committee's name appear on all financial statements and reports. The law further requires that the sponsor's name be the one given in the registration. Therefore, the following statement is true and correct:

I hereby certify that the financial information contained in this statement is true and correct. I understand that any false statements or misrepresentations may result in disciplinary action by the Fair Political Practices Commission.

By [Signature]

Date: [Date]

1. Statement Covers Calendar Year 2022

2. Officer/holder of Candidate Information
   - Name of Officer/holder: [Name]
   - Title: [Title]
   - Address: [Address]

3. Office/holder of Held
   - Name of Office/holder: [Name]
   - Title: [Title]
   - Address: [Address]

4. Committee Information
   - Committee Name and ID Number: [Name]
   - Committee Address: [Address]
   - Committee Officer: [Officer]

5. Verification
   - I, [Name], certify that the statements and information contained in this document are true and correct.

[Signature]

Exhibit on 28 September 2022

Note: The form contains redacted information and an unclear signature.