CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
O'DONEL- BROWNE, CANDY

1. Office, Agency, or Court

Agency Name (Do not use acronym)
MARIPOSA COUNTY
Division, Board, Department, District, if applicable
JOHN C FREMONT HEALTHCARE DISTRICT
Member, 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
Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
County of MARIPOSA COUNTY
(Statewide Jurisdiction)
Other

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 ____________
(Write only one circle.)
- or -
The period covered is ____________, through December 31, 2021.
□ The period covered is January 1, 2021, through the date of leaving office.
- or -
The period covered is ____________, through the date of leaving office.

Candidate: Date of Election 1/8/22 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 STREET CITY STATE ZIP CODE
P.O. Box 216 MARIPOSA CA 95338
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(209) 966-369

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 07/07/2022 Signature (Affix original signed paper statement with your filing official)

Print Clear
**SCHEDULE A-2**

**Investments, Income, and Assets of Business Entities/Trusts**

*(Ownership Interest is 10% or Greater)*

### 1. BUSINESS ENTITY OR TRUST

**CANDY O'DONEL-BROWNE**

**PO BOX 576, MIDDLESB C A 95345**

**Address (Business Address Acceptable)**

Check one:

- [x] Trust, go to 2
- [ ] Business Entity, complete the box, then go to 2

#### GENERAL DESCRIPTION OF THIS BUSINESS

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $9,999</td>
<td>/21</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>/21</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>/21</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

#### NATURE OF INVESTMENT

- [x] Partnership
- [ ] Sole Proprietorship

#### YOUR BUSINESS POSITION

[Beneficiary]

### 2. IDENTIFY THE GROSS INCOME RECEIVED INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST

| $0 - $499      | $100,01 - $100,000 |
| $500 - $1,000  | OVER $100,000      |
| $1,001 - $10,000 |                   |

### 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

None or Names listed below

### 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

- [x] INVESTMENT
- [ ] REAL PROPERTY

**CALIFORNIA FORM 700**

**FAIR POLITICAL PRACTICES COMMISSION**

**Name**

**CANDY O'DONEL-BROWNE**

**PO BOX 576, MIDDLESB C A 95345**

**Address (Business Address Acceptable)**

Check one:

- [x] Trust, go to 2
- [ ] Business Entity, complete the box, then go to 2

#### GENERAL DESCRIPTION OF THIS BUSINESS

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $9,999</td>
<td>/21</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>/21</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>/21</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

#### NATURE OF INVESTMENT

- [ ] Partnership
- [ ] Sole Proprietorship

#### YOUR BUSINESS POSITION

None or Names listed below

### 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

- [x] INVESTMENT
- [ ] REAL PROPERTY

| $0 - $499 | $100,01 - $100,000 |
| $500 - $1,000 | OVER $100,000 |
| $1,001 - $10,000 |             |

### DESCRIPTION OF BUSINESS ACTIVITY (Attach a separate sheet if necessary)

**MARINCAA**

**Description of Business Activity or City or Other Precise Location of Real Property**

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>/21</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>/21</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>/21</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

#### NATURE OF INTEREST

- [x] Property Ownership/Deed of Trust
- [ ] Stock
- [ ] Partnership

Check box if additional schedules reporting investments or real property are attached

**Comments:**
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]

Date:

3. Verification:

[Signature]

Date:

3. Verification:

[Signature]

Date:

2. State Candidate Expenditure Limit Statement:

Name of Candidate:

City:

County:

State:

Agency Name:

Street Address:

City:

County:

State:

Board Member:

Formal Title:

Signature:

Name of Candidate:

City:

County:

State:

Amendment:

Initial:

Check one: 

 Candidate Information:
3. Date contributions totaling $2,000 or more were received or date expenditures of $2,000 or more were made

November 8, 2022

2. Office sought

N/A

209 - 966 - 4876

CANDY O'DONEL-BROWNE

1. Officeholder or candidate information

MIDPINES

CA

95345

(Officeholder or Candidate)

OFFICEHOLDER OR CANDIDATE

N/A

(Office Number)

ABSENCE OF TELEPHONE NUMBER

FORM 470 SUPPLEMENT

CALIFORNIA FORM 470

Amendment (Explain below)