CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

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JAN 11 2024

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	ULARE COUNTY EMPLOYEES
Malison	Leanne		RETIREMENT ASSOCIATION
1. Office, Agency, or Court			
Agency Name (Do not use acronyr	ns)		
County of Tulare			
Division, Board, Department, District	i, if applicable	Your Position	
Defined Contribution Comn	nittee	Retirement Administrator	
► If filing for multiple positions, list	below or on an attachment. (Do not	use acronyms)	
Agency: Tulare County &	Employees Retirement,	ASSN. Position: Reprement 1	Administrator
2. Jurisdiction of Office (Che	eck at least one box)		
☐ State		Judge, Retired Judge, Pro Tem Ju (Statewide Jurisdiction)	dge, or Court Commissioner
Multi-County		County of Tulare	
City of		Other	
3. Type of Statement (Check	at least one boy)		
Annual: The period covered is		Leaving Office: Date Left	
December 31, 2023.	, dandary 1, 2020, unough	(Check one	
-or- The period covered is	s, throug		y 1, 2023, through the date
December 31, 2023.		of leaving office.	
Assuming Office: Date assur	ned/	The period covered is the date of leaving office.	/, through
Candidate: Date of Election _	and office sou	ght, if different than Part 1:	
4. Schedule Summary (requ	ired) • Total numb	er of pages including this cover page	YO'
Schedules attached	Vaj	er or pages including this cover pag	, c.
Schedule A-1 - Investments	- schedule attached	Schedule C - Income, Loans, & Business	Positions – schedule attached
Schedule A-2 - Investments		Schedule D - Income - Gifts - schedule	
Schedule B - Real Property	- schedule attached	Schedule E - Income - Gifts - Travel Page	yments - schedule attached
-or- None - No reportable	interests on any schedule		
5. Verification	CITY	CTATE	ZID CODE
MAILING ADDRESS STREET (Business or Agency Address Recommended	- Public Document)	STATE	ZIP CODE
221 S. Mooney Blvd., Room	m 101-E Visa		93291
DAYTIME TELEPHONE NUMBER (559) 636-5200		EMAIL ADDRESS	
I have used all reasonable diligence	in preparing this statement. I have re	eviewed this statement and to the best of my knowled this is a public document.	owledge the information contained
I certify under penalty of perjury	under the laws of the State of Cali	fornia that the foregoing is true and correct.	
Date Signed 1/11/2024		Signature Bearne Ma	leson
/ (month, da	ay, year)	(File the originally signed paper state	ement with your tiling official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements. CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Leanne Malison

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
AT&T	Edison International
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Communications - Publicly Traded	Energy - Publicly Traded
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23 , , 23	, , 23 , , 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Bank of America Corp	Fluor Corp
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Banking - Publicly Traded	Engineering - Publicly Traded
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	× \$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23 , , 23	, , 23 12 , 01 , 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BURINESS ENTITY	► NAME OF BUSINESS ENTITY
NAME OF BUSINESS ENTITY	
Chevron Corporation	General Electric
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Petroleum - Publicly Traded	Manufacturing Diversified - Publicly Traded
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	X \$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT X Stock Other
X Stock Other (Describe)	(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
O Income Received of \$500 or More (Report on Schedule C)	O income reconved of wood of wide (neport of schedule o)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED

Comments: _

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements. CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Leanne Malison

INAIV	ME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Nu	cor Corp	Walt Disney Co
GEN	NERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Ste	eel- Publicly Traded	Entertainment - Publicly Traded
× \$	R MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000
	TURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other (Describe)
	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF A	PPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
► NAN	ME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Sc	outhern Co	
GE	NERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Er	nergy - Publicly Traded	
X S	R MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
×	Stock Other	Stock Other
IF A	APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	, , 23 , , 23	, , 23 , , 23
90	ACQUIRED DISPOSED	ACQUIRED DISPOSED
	ME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
-	NERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Cc	ommunications - Publicly Traded	
	R MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NAT	TURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF A	APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	, , 23 , , 23	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED

Comments: _

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

	ORNIA FORM 700 LITICAL PRACTICES COMMISSION
Name	
	Leanne Malison

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Christ Lutheran Church	Lorene A Bosch Trust
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
3830 W Tulare Ave Visalia CA 93277	18921 Fairhaven Ave Santa Ana CA 92705
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Church	Family Trust
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Spouse	Beneficiary
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.) Loan repayment	(Real property, car, boat, etc.) Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Trust Distribution
(Describe)	(Describe)
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	ERIOD
a retail installment or credit card transaction, made in th	lending institution, or any indebtedness created as part of le lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	%
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property
	Real Property
\$500 - \$1,000	Real Property
\$500 - \$1,000 \$1,001 - \$10,000	Real Property
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	Real Property Street address City Guarantor
\$500 - \$1,000 \$1,001 - \$10,000	Real Property
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	Real Property Street address City Guarantor

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

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FEB 06 2024

Please type or print in ink.			TULARE COUNTY EMPLOYEES
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	RETIREMENT ASSOCIATION
Sampietro	Paul	M	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Tulare County Employees' Retire	ment Association		
Division, Board, Department, District, if appl	icable	Your Position	
		Assistant Retirement Adı	ministrator
► If filing for multiple positions, list below o	or on an attachment. (Do not a	ise acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at I	east one box)		
		☐ Judge, Retired Judge, Pro Tem	Judge or Court Commissioner
State		(Statewide Jurisdiction)	Judge, or Court Commissioner
Multi-County		County of Tulare	
		☐ Other	
City of	The Contraction of the Contracti	- Coulei	
3. Type of Statement (Check at least	t one box)		
Annual: The period covered is Janua		Leaving Office: Date Left	111
December 31, 2023.		(Check of	one circle.)
The period covered is	<u>1</u> 1 2023 , through	☐ The period covered is Jan of leaving office.	uary 1, 2023, through the date
Assuming Office: Date assumed		The period covered is the date of leaving office.	, through
Candidate: Date of Election	and office soug	ht, if different than Part 1:	
A Cabadula Cummany (required)		f newse instruction this server	2001
4. Schedule Summary (required) Schedules attached	► lotal numbe	er of pages including this cover p	Jaye,
	dula attached	Schedule C - Income, Loans, & Busin	ess Positions - schedule attached
Schedule A-1 - Investments - sche		Schedule D - Income - Gifts - schedu	
Schedule A-2 - Investments - sche		Schedule E - Income - Gifts - Travel	
Schedule B - Real Property - sche	dule attached		
-or- None - No reportable interes	ests on any schedule		
	oto on any concuerc		
5. Verification	CITY	STATE	ZIP CODE
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public I			
136 N Akers St	Visal	· ·	93291
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(559) 713-2908		paulsampietro1@tularecounty	A LOCAL DESCRIPTION OF THE PROPERTY OF THE PRO
I have used all reasonable diligence in prep herein and in any attached schedules is tru	aring this statement. I have re- ue and complete. I acknowled	viewed this statement and to the best of my ge this is a public document.	knowledge the information contained
I certify under penalty of perjury under	the laws of the State of Calif	ornia that the foregoing is true and corr	ect.
2/5/24		Signatura ()	
Date Signed 2/5/24 (month, day, year)		Signature (File the originally signed paper	statement with your filing official.)

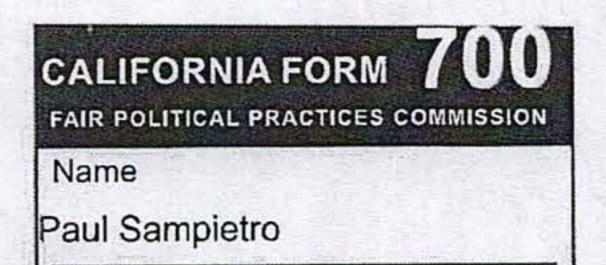
SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 70 FAIR POLITICAL PRACTICES COMMISS	CONTRACTOR OF THE PARTY.
Name	
Paul Sampietro	

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Sierra View District Hospital	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
465 W Putnam Ave Porterville CA 93257	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Registered Nurse (wife)	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \square \$1,001 - \$10,000	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Colo of	Sale of
Sale of(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
	Other
Other (Describe)	(Describe)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	PERIOD
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s: INTEREST RATE TERM (Months/Years)
ADDDEDO (Desistant Address Accordate)	%
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
	SECURITY FOR LOAN
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	SECURITY FOR LOAN None Personal residence Real Property Street address City
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	SECURITY FOR LOAN None Personal residence Real Property Street address
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	SECURITY FOR LOAN None Personal residence Real Property Street address City
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	SECURITY FOR LOAN None Personal residence Real Property Street address City
\$1,001 - \$10,000 \$10,001 - \$100,000	SECURITY FOR LOAN None Personal residence Real Property Street address City Other

SCHEDULE D Income - Gifts



-Tenanting of the end of Special and			TOTAL TOTAL CONTRACTOR OF THE PARTY OF THE P	VIEW CONTRACTOR OF THE PARTY OF	
NAME OF SOURCE	CE (Not an Acronyn	n)	► NAME OF SOURC	E (Not an Acron	ym)
ADDRESS (Business Address Acceptable) 777 South Figueroa Street		ADDRESS (Busines	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIV	ITY, IF ANY, OF S	OURCE	BUSINESS ACTIVIT	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 09 23	85.38 \$	Dinner at conference		\$	
11 07 23	70.61 \$	Dinner at conference		\$	
<u>', , , , , , , , , , , , , , , , , , , </u>	\$			\$	Francis Company of the company of th
NAME OF SOURCE	C至 (Not an Acronyr	n)	NAME OF SOURCE	E (Not an Acron	iym)
ADDRESS (Busine	ess Address Accept	able)	ADDRESS (Busines	ss Address Acce	ptable)
BUSINESS ACTIV	TITY, IF ANY, OF S	OURCE	BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE 4	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$			\$	
	\$			\$	
	.\$			\$	
NAME OF SOURCE	CE (Not an Acronyi	77)	NAME OF SOURCE	E (Not an Acror	nym)
ADDRESS (Busine	ess Address Accept	able)	ADDRESS (Busines	ss Address Acce	eptable)
BUSINESS ACTIV	ITY, IF ANY, OF S	OURCE	BUSINESS ACTIVI	ITY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$			\$	
	\$			\$	
				\$	
	\$				