

Public Service Ethics Education Online Proof of Participation Certificate

Date of Completion: Jan 10, 2019

Training Time*: 2 hr. 3 min.

This course is an overview course on all public service ethics issues necessary to satisfy the requirements of Article 2.4 of Chapter 2 of Part 1 of Division 2 of Title 5 of the Government Code, including the following:

- Laws relating to personal financial gain by public servants, including, but not limited to, laws prohibiting bribery and conflict-of-interest laws.
- Laws relating to claiming perquisites ("perks") of office, including, but not limited to, gift and travel restrictions, prohibitions against the use of public resources for personal or political purposes, prohibitions against gifts of public funds, mass mailing restrictions, and prohibitions against acceptance of free or discounted transportation by transportation companies.
- Government transparency laws, including, but not limited to, financial interest disclosure requirements and open government laws.
- Laws relating to fair processes, including, but not limited to, common law bias prohibitions, due process requirements, incompatible offices, competitive bidding requirements for public contracts, and disqualification from participating in decisions affecting family members; and
- General ethical principles relating to public service.

The Fair Political Practices Commission and Attorney General have reviewed this course for course sufficiency and accuracy.



By signing below, I certify that I fully reviewed the content of the entire online AB 1234 course approved by the Attorney General and Fair Political Practices Commission and am entitled to claim two hours of public service ethics law and principles credit.

A handwritten signature in cursive script that reads "Rosanna Dubon".

Participant Signature

Rosanna Dubon

Participant Name

Mark Twain Health Care District

Agency Name

NOTE TO PARTICIPANT: Please provide a copy of this proof of participation to the custodian for such records at your agency. In addition, we recommend you make a copy of this proof of participation for your own records to retain for at least five years. To preserve the integrity of the online certification process; **these certificates are only available upon completing the online session.** * To satisfy AB 1234 requirements, this certificate must reflect that the public official spent two hours or more reviewing the materials presented in the online course. If the certificate reflects less than two hours, the participant should have on file additional certificates demonstrating that the official has satisfied the entire two hour requirement.

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
DUBON, ROSANNA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

MARK TWAIN HEALTH CARE DISTRICT

Division, Board, Department, District, if applicable

Your Position

N/A

BOOK KEEPER

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

Agency: N/A Position:

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

- State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County County of CALAVERAS
 City of Other

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2017, through December 31, 2017.
-or- The period covered is 11/28/2018, through December 31, 2017.8
 Assuming Office: Date assumed
 Candidate: Date of Election and office sought, if different than Part 1:
 Leaving Office: Date Left (Check one)
 The period covered is January 1, 2017, through the date of leaving office.
-or-
 The period covered is through the date of leaving office.

4. Schedule Summary (must complete)

► Total number of pages including this cover page:

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
768 MOUNTAIN R ANCH RD, SAN ANDREAS CA 95249
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(209) 754-4468 rdubon@mtbcd.org

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 12/18/18 (month, day, year)

Signature Rosanna Dubon (File the originally signed statement with your filing official.)