

Officeholder and Candidate Campaign Statement – Short Form

Officemholder and Candidate Campaign Statement – Short Form	FILED <small>RE: State of California</small> SEP 01 2020 KATHLEEN WILLIAMS, <small>RE: [REDACTED]</small>	CALIFORNIA FORM 470 For Official Use Only
Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>	

1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Kevin Cos

STRE

CITY Greenville

AREA CODE/DAYTIME PHONE NUMBER

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

SEP 01 2020

KATHLEEN WILLIAMS,

3. Office Sought or Held

OFFICE SOUGHT OR HELD

County Supervisor

JURISDICTION (LOCATION) *Dumas, Comt* DISTRICT NUMBER (IF APPLICABLE) *2*

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

No Committee

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$100,000.00 in compensation for my services to [REDACTED] and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/13/2008 DATE

FILED**Candidate Intention Statement**

Date Stamp

DEC 05 2019

CALIFORNIA
FORM**501**

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Check One: Initial Amendment (Explain) _____

KATHLEEN WILLIAMS

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BY

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

GOSS, Kevin B.

STR

DAYTIME TELEPHONE NUMBER

(530) 816-1020

CITY

Greenville, CA

STATE

ZIP CODE

95947

ZIP CODE

FAX NUMBER (optional)

(530) 284-6940

EMAIL (optional)

kevin.goss4District@gmail.com

OFFICE SOUGHT (POSITION TITLE)

Supervisor District 2 Plumas County

AGENCY NAME

DISTRICT NUMBER, if applicable.

 NON-PARTISAN OFFICE

OFFICE JURISDICTION

 State (Complete Part 2.) City County Multi-County: _____

(Name of Multi-County Jurisdiction)

2

PARTY PREFERENCE: (Check one box, if applicable.)

 Independent

2020

(Year of Election)

 PRIMARY / GENERAL SPECIAL / RUNOFF*** State Candidate Expenditure Limit Statement:**

(CalPERS and CalSTRS candidates, judges, judicial candidates, and 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.

(Mark if applicable)

 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 t

Executed on 12/4/2019

(month, day, year)

Sign