

Officeholder and Candidate  
Campaign Statement –  
Short Form

FILED

CALIFORNIA  
FORM

470

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

☐ Amendment (Explain Below)

SEP 01 2020

KATHLEEN WILLIAMS,

For Official Use Only

1. Statement Covers Calendar Year 20 20

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Kevin Goss

STREET

CITY

Greenville

STATE

ZIP CODE

CA 95947

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

County Supervisor

JURISDICTION (LOCATION)

Plumas County

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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the law

Executed on

7/15/2020

DATE

FILED

Candidate Intention Statement

Date Stamp

DEC 05 2019

CALIFORNIA  
FORM

501

For Official Use Only

Check One: ☒ Initial

☐ Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

STREET

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN OFFICE

OFFICE JURISDICTION

(Check one box, if applicable.)

☐ State (Complete Part 2.)

☐ City

☒ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

2020  
(Year of Election)

☒ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

Goss, Kevin B. (530) 816-1020 (530) 284-6940 Kevin.goss4distritz@gmail.com  
[REDACTED] Greenville, CA 95947  
Supervisor Distritz Plumas County 2  
PARTY PREFERENCE: Independent

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 the State of California that I am the candidate named above.

Executed on

12/4/2019  
(month, day, year)

Signed

FPPC Form 501 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov