

Candidate Intention Statement

FILED

Date Stamp

CALIFORNIA
FORM

501

For Official Use Only

Check One: Initial Amendment (Explain) _____

DEC 06 2019

KATHLEEN WILLIAMS,
PLUMAS CO. CLERK-RECORDER

BY

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

~~Bill Powers~~, William A

DAYTIME TELEPHONE NUMBER

(530) 832-4078

FAX NUMBER (optional)

() NA

EMAIL (optional)

bpowers96122@gmail.com

STREET ADDRESS

Supervisor District One

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

Plumas County

1

PARTY PREFERENCE:

(Check one box, if applicable.)

PRIMARY / GENERAL

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County:

(Name of Multi-County Jurisdiction)

2020

(Year of Election)

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 the State of California that the foregoing is true and correct.

Executed on 12/06/2019
(month, day, year)

Signature

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or		
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	
____/____/____	____/____/____	____/____/____ BY

1. Committee Information

**I.D. Number
(if applicable)**

NAME OF COMMITTEE

Bill Powers

STREET ADDRESS (NO P.O. BOX)

Portola CA 96122

CITY STATE ZIP CODE

AREA CODE/PHONE

P.O. Box 1976 Portola CA 96122

FULL MAILING ADDRESS (IF DIFFERENT)

bpowers96122@gmail.com

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Dec 6 2019 DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

FILED
Date Stamp

**CALIFORNIA
FORM**

410

For Official Use Only

DEC 06 2019

KATHLEEN WILLIAMS,

PL
BY

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Xee

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Commix

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

ND

Officeholder and Candidate
Campaign Statement -
Short Form

FILED Date Stamp

CALIFORNIA
FORM 470

For Official Use Only

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

Amendment (Explain Below)

DEC 06 2019

KATHLEEN WILLIAMS,
PLUMAS CO. CLERK-RECORDER

BY

1. Statement Covers Calendar Year 20 ____.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Bill Powers

STREET ADDRESS

[REDACTED]

CITY

Reedley

STATE

CA

ZIP CODE

936122

OPTIONAL: FAX / E-MAIL ADDRESS

AREA CODE/DAYTIME PHONE NUMBER

536-832-4078

3. Office Sought or Held

OFFICE SOUGHT OR HELD

District One Supervisor

JURISDICTION (LOCATION)

Plumas County

DISTRICT NUMBER
(IF APPLICABLE)

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 \$2,000 and that I will spend less than \$2,000 during the calendar year 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 Dec 06 2019

DATE

By

[REDACTED]
CANDIDATE

[Clear Form](#)

[Print Form](#)

Statement of Organization
Recipient Committee

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input checked="" type="radio"/> Not yet qualified or		
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	
____/____/____	____/____/____	____/____/____

IN

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE

Bill Powers for District One Supervisor 2020

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Portola CA 96122 530-394-7177

FULL MAILING ADDRESS (IF DIFFERENT)

P.O. Box 1976 Portola, CA 96122

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

boiwers96122@gmail.com

COUNTY OF DOMICILE

Plumas JURISDICTION WHERE COMMITTEE IS ACTIVE

Plumas County District 1

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the following is true and correct.

Executed on 02/08/2020 By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 02/08/2020 By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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Date Stamp

RECEIVED AND FILED

In the Office of the Secretary of State
of the State of California

FEB 12 2020

CALIFORNIA
FORM

410

For Official Use Only

RPA

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Bill Powers

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Portola CA 96122 530-394-7177

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Bill Powers

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Portola CA 96122 530-394-7177

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

Page 2

COMMITTEE NAME Bill Powers for District One Supervisor	I.D. NUMBER
---	-------------

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE (775) 677-9000	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS [REDACTED]	CITY Reno	STATE NV	ZIP CODE 89506

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
William A "Bill" Powers	Dist. One Supervisor	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**

Page 3

I.D. NUMBER

COMMITTEE NAME
Bill Powers for District One Supervisor

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Campaign for March 3, 2020 Primary Election

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input checked="" type="checkbox"/> Not yet qualified or		
<input type="checkbox"/> Date qualification threshold met	Date qualification threshold met	Date of termination
01/23/2020	1/1/	1/1/

1. Committee Information

**I.D. Number
(if applicable)**

NAME OF COMMITTEE

Bill Powers for District One Supervisor
96 West Riverside Ave

STREET ADDRESS (NO P.O. BOX)

Portola CA 96122 530-374-7177

CITY

STATE

ZIP CODE

AREA CODE/PHONE

PO Box 1976 Portola CA 96122

FULL MAILING ADDRESS (IF DIFFERENT)

bpowers96122@gmail.com

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

Plumas

COUNTY OF DOMICILE

Plumas County Supervisorial District 1

JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/23/2020

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/23/2020

By

CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Date Stamp

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**CALIFORNIA
FORM**

410

For Official Use Only

JAN 27 2020

KATHLEEN WILLIAMS,
PLUMAS CO. CLERK-RECORDER

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Self

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM **410**

Page 2

I.D. NUMBER

COMMITTEE NAME

Bill Powers for Supervisor District One

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <i>Bank of America</i>	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]		
	CITY <i>Reno</i>	STATE [REDACTED]	ZIP CODE <i>89506</i>	

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
William A "Bill" Powers	DIST. ONE Supervisor	2020	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM

410

Page 3

I.D. NUMBER

COMMITTEE NAME
B.11 Powers for Supervisor District One

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Campaign for March 3, 2020 Primary election

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
				AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

-- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

-- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

**Officeholder and Candidate
Campaign Statement -
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

Amendment (Explain Below)

Date Stamp

**CALIFORNIA
FORM**

470

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For Official Use Only

JAN 24 2020

**KATHLEEN WILLIAMS,
PLUMAS CO. CLERK-RECORDER**

1. Officeholder or Candidate Information

William A. "Bill" Powers

NAME OF OFFICEHOLDER OR CANDIDATE

[REDACTED]

STREET ADDRESS

Portola

CA

96122

CITY

530-394-7177

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

bpowers96122@gmail.com

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

District One Supervisor

OFFICE SOUGHT

March 3 2020

DISTRICT NUMBER
(IF APPLICABLE)

1

DATE OF ELECTION (MONTH, DAY, YEAR)

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

(MONTH, DAY, YEAR)

Clear Form

Print Form