



PLUMAS CO. CLERK-RECORDER
KATHLEEN WILLIAMS,
2014 MAR 19 PM 1:57
Marys M. Markle
DEPUTY

Please type or print in ink.

NAME OF FILER Goss (LAST) Kevin (FIRST) B (MIDDLE) DEPUTY

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Plumas County Board of Supervisors
Division, Board, Department, District, if applicable District 2 Your Position Supervisor

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

Agency: see Attached Position: Board Member

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

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

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

- Annual: The period covered is January 1, 2013, through December 31, 2013.
- or-
- The period covered is _____, through December 31, 2013.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- The period covered is _____, through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

- 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
[Redacted Signature Area]

herein and in any attached schedules is true and complete. I acknowledge that I am subject to the provisions of the Political Reform Act of 1974, and I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/18/14
(month, day, year)

ATTACHED LIST FOR FORM 700

1. LAFCo-Local Agency Formation Commission
2. Community Development Commission Board
3. Plumas County Transportation Commission
4. RCRC Board of Directors (Alternate)
 - CRHMFA Homebuyer and ESJPA Delegate

2013 DELEGATE EXPENSE

County: **Plumas**
Delegate: **K. Goss**

RCRC Delegate Reimbursements	0.00
RCRC Paid on the Behalf	43.15
RCRC Meeting Meals	31.03
Total Expenses:	74.18

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <hr/>
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- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
Rural County Representatives of Cal

ADDRESS (Business Address Acceptable)
1215 K St Ste 1650

CITY AND STATE
Sacramento CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Board member Alt

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
CPMFA Homebuyers Fund and CSJPA Delegate

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

Comments: _____