

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

Please type or print in ink.



KATHLEEN WILLIAMS,
PLUMAS CO. CLERK-RECORDER
BY Maryellen Markle DEPUTY
B

NAME OF FILER (LAST) KEVIN (FIRST)
GOSS

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

BOARD MEMBER

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

Agency: SEE ATTACHED

Position:

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
15 MAR 19 PM 5:15

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, 2014, through December 31, 2014.
- or-
- The period covered is _____ through December 31, 2014.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2014, 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: _____

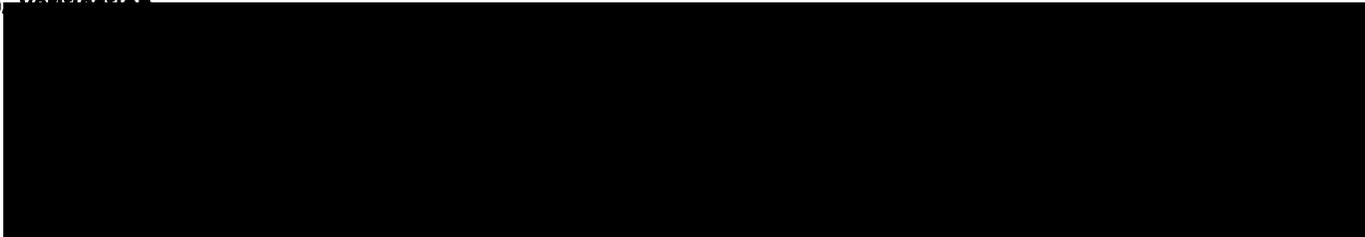
4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

- 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



I certify under penalty of perjury under the laws of the State of

Date Signed 03/11/2015
(month, day, year)



FORM 700

LOCAL AGENCY FORMATION COMMISSION

COMMUNITY DEVELOPMENT COMMISSION

RCRC BOARD OF DIRECTORS

CALIFORNIA HOME FINANCE AUTHORITY/ENVIRONMENTAL SERVICES JOINT POWERS AUTHORITY

TRANSPORTATION COMMISSION

INDIAN VALLEY HEALTHCARE DISTRICT BOARD

2014 RCRC EXPENSES

County: **Plumas**
 Individual: **Goss, Kevin**

	Schedule E* (Income)	Schedule D** (Gift)
Prior Year Expenses Paid in 2014:	-	-

Board/Executive Meetings:

RCRC Board Meeting: 1/22/2014	29.42	-
Executive Committee Meeting: 2/19/2014	-	-
RCRC Board Meeting: 3/26/2014	29.42	-
RCRC Board Meeting: 4/23/2014	-	-
Executive Committee Meeting: 5/7/2014	-	-
RCRC Board Meeting: 6/12/2014	-	-
Executive Committee Meeting: 7/23/2014	-	-
RCRC Board Meeting: 8/13/2014	-	-
RCRC Board Meeting: 9/26/2014	-	-
Executive Committee Meeting: 11/12/2014	-	-
RCRC Board Meeting: 12/10/2014	-	-

Other Expenses paid by RCRC:

RCRC Installation Reception	58.16	-
NACo Legislative Conference	-	-
CSAC Legislative Conference	-	-
RCRC Board Meeting in County of Chair	-	-
NACo Annual Conference	-	-
CSAC Annual Meeting	-	-
RCRC Annual Meeting	-	-
Meetings with Staff	-	-
Other RCRC Business-Related Travel Expenses	-	-
Miscellaneous	-	-
Total Expenses:	\$ 117.00	\$ -

* = Schedule E (Travel Payments, Advances, and Reimbursements):

This amount includes travel expenses paid for by RCRC for RCRC-related business including attendance at Board Meetings, Executive Committee meetings and other RCRC-related travel expenses.

** = Schedule D (Gifts):

This amount includes payments made upon your behalf that may be reportable as a Gift to the FPPC.

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

- 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 California

ADDRESS (Business Address Acceptable)
 1215 K Street, Suite 1650

CITY AND STATE
 sacramento, CA 95814

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 117.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
 Delegate of a board

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

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

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

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

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

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

Comments: _____