Candidate Intention Statement

Date Stamp RECEIVED FEB 23 2022 CITY OF COLFAX

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)
Burruss, Trinity A	(530) 278-5467	( )	Outreach@TrinityBurruss.Com

STREET ADDRESS	CITY	STATE	ZIP CODE
[redacted]	[redacted]		

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	☑ NON-PARTISAN OFFICE
City Councilmember	City of Colfax	N/A	PARTY PREFERENCE: N/A

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☑ City ☐ County ☐ Multi-County: N/A (Name of Multi-County Jurisdiction)

2022 (Year of Election)

(Check one box, if applicable.)

☑ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

2. 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 February 23, 2022 (month, day, year)

Signature [redacted] (Candidate)

Candidate Intention Statement

Date Stamp
RECEIVED
JUL 25 2022
CITY OF COLFAX

CALIFORNIA FORM **501**

For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial): Kim A Douglass

DAYTIME TELEPHONE NUMBER: [redacted]

FAX NUMBER (optional): ( )

EMAIL (optional): douglass_kim@yahoo.com

STREET ADDRESS: [redacted]

CITY: [redacted]

STATE: [redacted]

ZIP CODE: [redacted]

OFFICE SOUGHT (POSITION TITLE): City Council

AGENCY NAME: Colfax

DISTRICT NUMBER, if applicable:

☐ NON-PARTISAN OFFICE

PARTY PREFERENCE:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: Placer (Name of Multi-County Jurisdiction)

2022 (Year of Election)

(Check one box, if applicable.)

☒ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

2. 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 7-25-2022 (month, day, year)

Signature [redacted] (Candidate)

Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
11-8-2022		RECEIVED JUL 25 2022 CITY OF COLFAX	For Official Use Only

1. Statement Covers Calendar Year 20 _____.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Kim A Douglas

STREET ADDRESS

[redacted]

CITY STATE ZIP CODE

[redacted]

AREA CODE/DAYTIME PHONE NUMBER

[redacted]

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Colfax City Councilmember

JURISDICTION (LOCATION)

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

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 7/25/2022
DATE

By [redacted]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

RECEIVED
JUL 25 2022
CITY OF COLFAX

Please type or print in ink

NAME OF FILER (LAST): DOUGLASS (FIRST): KIM (MIDDLE): Anderson

1. Office, Agency, or Court

Agency Name (*Do not use acronyms*): City of Colfax

Division, Board, Department, District, if applicable: CITY Council CANDIDATE

Your Position: Applicant NOV 8 2022 Election

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

Agency _____ Position _____

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

State

Multi-County

City of Colfax

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

County of Placer

Other _____

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

Annual: The period covered is January 1, 2021, through December 31, 2021.

-or-

The period covered is ____/____/____ through December 31, 2021.

Assuming Office: Date assumed ____/____/____

Leaving Office: Date Left ____/____/____ (*Check one circle.*)

The period covered is January 1, 2021, through the date of leaving office.

-or-

The period covered is ____/____/____ through the date of leaving office.

Candidate: Date of Election 11-8-2022 and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 3

Schedules attached

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

MAILING ADDRESS (*Business or Agency Address Recommended - Public Document*) STREET CITY STATE ZIP CODE

[redacted]

DAYTIME TELEPHONE NUMBER [redacted] EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 7-25-2022 (*month, day, year*)

Signature [redacted] (*File this originally signed paper statement with your filing official.*)

Print **Clear**

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Kim A. Douglass

▶ NAME OF BUSINESS ENTITY: Allied Irish BANK

GENERAL DESCRIPTION OF THIS BUSINESS: BANK STOCK IN IRELAND

FAIR MARKET VALUE
- $2,000 - $10,000
- $10,001 - $100,000 (circled)
- $100,001 - $1,000,000
- Over $1,000,000

NATURE OF INVESTMENT
- Stock (circled)
- Other _____ (Describe)
- Partnership
- Income Received of $0 - $499
- Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
___/___/21 ACQUIRED ___/___/21 DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- $2,000 - $10,000
- $10,001 - $100,000
- $100,001 - $1,000,000
- Over $1,000,000

NATURE OF INVESTMENT
- Stock
- Other _____ (Describe)
- Partnership
- Income Received of $0 - $499
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IF APPLICABLE, LIST DATE:
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▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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- $10,001 - $100,000
- $100,001 - $1,000,000
- Over $1,000,000

NATURE OF INVESTMENT
- Stock
- Other _____ (Describe)
- Partnership
- Income Received of $0 - $499
- Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
___/___/21 ACQUIRED ___/___/21 DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
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- $10,001 - $100,000
- $100,001 - $1,000,000
- Over $1,000,000

NATURE OF INVESTMENT
- Stock
- Other _____ (Describe)
- Partnership
- Income Received of $0 - $499
- Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
___/___/21 ACQUIRED ___/___/21 DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
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- $10,001 - $100,000
- $100,001 - $1,000,000
- Over $1,000,000

NATURE OF INVESTMENT
- Stock
- Other _____ (Describe)
- Partnership
- Income Received of $0 - $499
- Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
___/___/21 ACQUIRED ___/___/21 DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- $2,000 - $10,000
- $10,001 - $100,000
- $100,001 - $1,000,000
- Over $1,000,000

NATURE OF INVESTMENT
- Stock
- Other _____ (Describe)
- Partnership
- Income Received of $0 - $499
- Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
___/___/21 ACQUIRED ___/___/21 DISPOSED

Comments: _____

Print Clear

RECEIVED
JUL 26 2022
CITY OF COLFAX

Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
11-8-2022			For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Trinity Burruss

STREET ADDRESS
[redacted]

CITY STATE ZIP CODE
[redacted]

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
[redacted] outreach@trinityburruss.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Councilmember

JURISDICTION (LOCATION)
City of Colfax

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

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 7/26/2022
DATE

By [redacted]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Kim A. Douglass

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
33185 MAIN ST

CITY
Dutch Flat CA

FAIR MARKET VALUE
$2,000 - $10,000
$10,001 - $100,000
$100,001 - $1,000,000
Over $1,000,000

IF APPLICABLE LIST DATE:
12/01/21 06/11/22
ACQUIRED DISPOSED

NATURE OF INTEREST
Ownership/Deed of Trust Easement
Leasehold _____ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
$0 - $499 $500 - $1,000 $1,001 - $10,000
$10,001 - $100,000 OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more
None 500 per month

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
$2,000 - $10,000
$10,001 - $100,000
$100,001 - $1,000,000
Over $1,000,000

IF APPLICABLE LIST DATE:
___/___/21 ___/___/21
ACQUIRED DISPOSED

NATURE OF INTEREST
Ownership/Deed of Trust Easement
Leasehold _____ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
$0 - $499 $500 - $1,000 $1,001 - $10,000
$10,001 - $100,000 OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more
None

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
_____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
$500 - $1,000 $1,001 - $10,000
$10,001 - $100,000 OVER $100,000

Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
_____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
$500 - $1,000 $1,001 - $10,000
$10,001 - $100,000 OVER $100,000

Guarantor, if applicable

Comments:

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

RECEIVED
JUL 26 2022
CITY OF COLFAX

Please type or print in ink

NAME OF FILER (LAST): Burruss (FIRST): Trinity (MIDDLE): Ann

1. Office, Agency, or Court

Agency Name (*Do not use acronyms*): Councilmember Candidate, City of Colfax

Division, Board, Department, District, if applicable:

Your Position: Candidate

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

Agency: City of Colfax Position: Candidate

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

State

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of

✓ City of Colfax

Other

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

Annual: The period covered is January 1, 2021, through December 31, 2021.

-or-

The period covered is ___/___/_____ through December 31, 2021.

Assuming Office: Date assumed ___/___/_____

Leaving Office: Date Left ___/___/_____ (*Check one circle.*)

The period covered is January 1, 2021, through the date of leaving office

-or-

The period covered is ___/___/_____ through the date of leaving office.

X **Candidate:** Date of Election 11/8/22 and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:*

Schedules attached

Schedule A-1 - *Investments* – schedule attached

Schedule A-2 - *Investments* – schedule attached

Schedule B - *Real Property* – schedule attached

X **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

MAILING ADDRESS (*Business or Agency Address Recommended - Public Document*) STREET: [redacted] CITY: STATE: ZIP CODE:

DAYTIME TELEPHONE NUMBER: [redacted]

EMAIL ADDRESS: outreach@trinityburruss.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 7/26/22 (*month, day, year*)

Signature [redacted]

Print **Clear**

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Trinity Burruss

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
PACIFIC GAS & ELECTRIC COMPANY

ADDRESS *(Business Address Acceptable)*
245 MARKET STREET, SAN FRANCISCO CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
UTILITIES

YOUR BUSINESS POSITION
EGI INTERCONNECTION MANAGER ESC

GROSS INCOME RECEIVED
- [ ] No Income - Business Position Only
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [x] Salary
- [ ] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Loan repayment
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- [ ] Other _____ *(Describe)*

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Sunworks United Inc

ADDRESS *(Business Address Acceptable)*
1030 Winding Creek RD #100 Roseville Ca 95678

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Renewable Energy

YOUR BUSINESS POSITION
Director of Electric Grid Interconnections

GROSS INCOME RECEIVED
- [ ] No Income - Business Position Only
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [x] Salary
- [ ] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Loan repayment
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- [ ] Other _____ *(Describe)*

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
_____

ADDRESS *(Business Address Acceptable)*
_____

BUSINESS ACTIVITY, IF ANY, OF LENDER
_____

HIGHEST BALANCE DURING REPORTING PERIOD
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

INTEREST RATE
_____% [ ] None

TERM (Months/Years)
_____

SECURITY FOR LOAN
- [ ] None
- [ ] Personal residence
- [ ] Real Property _____ *Street address*
  _____ *City*
- [ ] Guarantor _____
- [ ] Other _____ *(Describe)*

Comments: _____

Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
2022		RECEIVED AUG 10 2022 CITY OF COLFAX	For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Joseph John Fatula Jr

STREET ADDRESS
[redacted]

CITY | STATE | ZIP CODE

[redacted]
AREA CODE/DAYTIME PHONE NUMBER | OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION)
Colfax, CA

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

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 8/10/22
DATE

By [redacted]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
RECEIVED AUG 10 2022 CITY OF COLFAX	For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial): JOSEPH JOHN FATULA JR

DAYTIME TELEPHONE NUMBER: [redacted]

FAX NUMBER (optional): ( )

EMAIL (optional): [redacted]

STREET ADDRESS: [redacted]

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE): City Council

AGENCY NAME: Colfax

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN OFFICE

PARTY PREFERENCE:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

2022 (Year of Election)

(Check one box, if applicable.)

☒ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

2. 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 8/10/22 (month, day, year)

Signature [redacted]

Candidate Intention Statement

Date Stamp
RECEIVED
AUG 12 2022
CITY OF COLFAX

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)
Lomon Sean T	(530) 305-3132	( )	

STREET ADDRESS	CITY	STATE	ZIP CODE
[redacted]			

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	☒ NON-PARTISAN OFFICE PARTY PREFERENCE:
Council member	City of Colfax		

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

2022 (Year of Election)

(Check one box, if applicable.)

☒ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

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(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 8/12/2022 (month, day, year)

Signature [redacted] (Candidate)

Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
11-8-22		RECEIVED AUG 12 2022 CITY OF COLFAX	For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Sean Lomen

STREET ADDRESS
[redacted]

CITY | STATE | ZIP CODE
[redacted]

AREA CODE/DAYTIME PHONE NUMBER | OPTIONAL: FAX / E-MAIL ADDRESS
(530) 305-3132

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Councilmember

JURISDICTION (LOCATION)
City of Colfax

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

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 8/11/22 (DATE)

By [redacted] (SIGNATURE OF OFFICEHOLDER OR CANDIDATE)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

RECEIVED
AUG 12 2022
CITY OF COLFAX

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Lomen	Sean	Thomas

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Colfax

Division, Board, Department, District, if applicable

Your Position
Councilmember Candidate

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

Agency: _____ Position: _____

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

State

Multi-County _____

City of Colfax

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

County of _____

Other _____

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

Annual: The period covered is January 1, 2021, through December 31, 2021.

-or-

The period covered is ____/____/_____, through December 31, 2021.

Assuming Office: Date assumed ____/____/_____

Leaving Office: Date Left ____/____/_____
(Check one circle.)

The period covered is January 1, 2021, through the date of leaving office.

-or-

The period covered is ____/____/_____, through the date of leaving office.

Candidate: Date of Election 11/8/2022 and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 2

Schedules attached

X **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

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
[redacted]

DAYTIME TELEPHONE NUMBER
(530) 305-3132

EMAIL ADDRESS
[redacted]

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 8/11/2022
(month, day, year)

Signature [redacted]
(File the originally signed paper statement with your filing official.)

Print Clear

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

► NAME OF BUSINESS ENTITY
Royal Caribbean Cruiseline
GENERAL DESCRIPTION OF THIS BUSINESS
Cruiseline
FAIR MARKET VALUE
$2,000 - $10,000 $10,001 - $100,000
$100,001 - $1,000,000 Over $1,000,000
NATURE OF INVESTMENT
Stock Other _____ (Describe)
Partnership Income Received of $0 - $499
Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
___/___/21 ___/___/21
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Carnival Cruiseline
GENERAL DESCRIPTION OF THIS BUSINESS
Cruiseline
FAIR MARKET VALUE
$2,000 - $10,000 $10,001 - $100,000
$100,001 - $1,000,000 Over $1,000,000
NATURE OF INVESTMENT
Stock Other _____ (Describe)
Partnership Income Received of $0 - $499
Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
___/___/21 ___/___/21
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Norwegian Cruiseline
GENERAL DESCRIPTION OF THIS BUSINESS
Cruiseline
FAIR MARKET VALUE
$2,000 - $10,000 $10,001 - $100,000
$100,001 - $1,000,000 Over $1,000,000
NATURE OF INVESTMENT
Stock Other _____ (Describe)
Partnership Income Received of $0 - $499
Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
___/___/21 ___/___/21
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
United Airlines
GENERAL DESCRIPTION OF THIS BUSINESS
Airline
FAIR MARKET VALUE
$2,000 - $10,000 $10,001 - $100,000
$100,001 - $1,000,000 Over $1,000,000
NATURE OF INVESTMENT
Stock Other _____ (Describe)
Partnership Income Received of $0 - $499
Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
___/___/21 ___/___/21
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
American Airlines
GENERAL DESCRIPTION OF THIS BUSINESS
Airline
FAIR MARKET VALUE
$2,000 - $10,000 $10,001 - $100,000
$100,001 - $1,000,000 Over $1,000,000
NATURE OF INVESTMENT
Stock Other _____ (Describe)
Partnership Income Received of $0 - $499
Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
___/___/21 ___/___/21
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Virgin Galactic
GENERAL DESCRIPTION OF THIS BUSINESS
Space travel
FAIR MARKET VALUE
$2,000 - $10,000 $10,001 - $100,000
$100,001 - $1,000,000 Over $1,000,000
NATURE OF INVESTMENT
Stock Other _____ (Describe)
Partnership Income Received of $0 - $499
Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
___/___/21 ___/___/21
ACQUIRED DISPOSED

Comments: All stocks total less than $2000

Print Clear

Candidate Intention Statement

Date Stamp
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CITY OF COLFAX

CALIFORNIA FORM **501**

For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial): HILLBERG, LARRY P

DAYTIME TELEPHONE NUMBER: [redacted]

FAX NUMBER (optional): ( )

EMAIL (optional): [redacted]

STREET ADDRESS: [redacted]

CITY: [redacted]

STATE: [redacted]

ZIP CODE: [redacted]

OFFICE SOUGHT (POSITION TITLE): CITY COUNCILMAN

AGENCY NAME:

DISTRICT NUMBER, if applicable:

☒ NON-PARTISAN OFFICE

PARTY PREFERENCE:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: COLFAX (Name of Multi-County Jurisdiction)

2022 (Year of Election)

(Check one box, if applicable.)

☒ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

2. 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 8/12/2022 (month, day, year)

Signature [redacted]

Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp RECEIVED AUG 12 2022 CITY OF COLFAX	CALIFORNIA FORM 470 For Official Use Only
11/8/2022			

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
LARRY P HILLBERG

STREET ADDRESS
[redacted]

CITY [redacted] STATE ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER [redacted] OPTIONAL: FAX / E-MAIL ADDRESS [redacted]

3. Office Sought or Held

OFFICE SOUGHT OR HELD
CITY COUNCILMAN

JURISDICTION (LOCATION)
COLFAX CA

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

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 8/12/2022 (DATE)

By [redacted] R CANDIDATE

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

RECEIVED
AUG 12 2022
CITY OF COLFAX

Please type or print in ink.

NAME OF FILER (LAST): HILLBERG (FIRST): LARRY (MIDDLE): PAUL

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*: CITY OF COLFAX

Division, Board, Department, District, if applicable: CITY COUNCIL

Your Position: COUNCIL MEMBER

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

Agency: _____ Position: _____

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

State

Multi-County _____

City of COLFAX

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

County of _____

Other _____

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

Annual: The period covered is January 1, 2021, through December 31, 2021.

-or-

The period covered is ____/____/_____, through December 31, 2021.

Assuming Office; Date assumed ____/____/_____

Candidate: Date of Election 11/8/2022 and office sought, if different than Part 1: _____

Leaving Office: Date Left ____/____/_____ *(Check one circle.)*

The period covered is January 1, 2021, through the date of leaving office.

-or-

The period covered is ____/____/_____, through the date of leaving office.

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 4

Schedules attached

- ✓ **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

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER ( ) EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 8/12/2022 *(month, day, year)* Signature [redacted] *Official*

Print **Clear**

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name LARRY PAUL HILLBERG

▶ NAME OF BUSINESS ENTITY
LH SOFTWARE CONSULTING

GENERAL DESCRIPTION OF THIS BUSINESS
SOFTWARE CONSULTING

FAIR MARKET VALUE
$2,000 - $10,000 | $10,001 - $100,000
$100,001 - $1,000,000 | Over $1,000,000

NATURE OF INVESTMENT
(Stock) Other _____ (Describe)
Partnership | Income Received of $0 - $499
Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE
1/1/21 ACQUIRED | 12/31/21 DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
$2,000 - $10,000 | $10,001 - $100,000
$100,001 - $1,000,000 | Over $1,000,000

NATURE OF INVESTMENT
Stock | Other _____ (Describe)
Partnership | Income Received of $0 - $499
Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE
___/___/21 ACQUIRED | ___/___/21 DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
$2,000 - $10,000 | $10,001 - $100,000
$100,001 - $1,000,000 | Over $1,000,000

NATURE OF INVESTMENT
Stock | Other _____ (Describe)
Partnership | Income Received of $0 - $499
Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
___/___/21 ACQUIRED | ___/___/21 DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
$2,000 - $10,000 | $10,001 - $100,000
$100,001 - $1,000,000 | Over $1,000,000

NATURE OF INVESTMENT
Stock | Other _____ (Describe)
Partnership | Income Received of $0 - $499
Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE
___/___/21 ACQUIRED | ___/___/21 DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
$2,000 - $10,000 | $10,001 - $100,000
$100,001 - $1,000,000 | Over $1,000,000

NATURE OF INVESTMENT
Stock | Other _____ (Describe)
Partnership | Income Received of $0 - $499
Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE
___/___/21 ACQUIRED | ___/___/21 DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
$2,000 - $10,000 | $10,001 - $100,000
$100,001 - $1,000,000 | Over $1,000,000

NATURE OF INVESTMENT
Stock | Other _____ (Describe)
Partnership | Income Received of $0 - $499
Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
___/___/21 ACQUIRED | ___/___/21 DISPOSED

Comments: _____

Print | Clear

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name LARRY PAUL HILLBERG

▶ 1. BUSINESS ENTITY OR TRUST

Name: LH SOFTWARE CONSULTING

Address (Business Address Acceptable): PO BOX 445 COLFAX, CA 95713

Check one: Trust go to 2 | Business Entity complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS: LEGACY SYSTEM SOFTWARE CONSULTING

FAIR MARKET VALUE: $0 - $1 999 | $2 000 - $10 000 | $10 001 - $100 000 | $100 001 - $1 000 000 | Over $1 000 000

IF APPLICABLE LIST DATE: ___/___/21 ACQUIRED ___/___/21 DISPOSED

NATURE OF INVESTMENT: Partnership | Sole Proprietorship | SUB CHAPTER S CORPORATION (Other)

YOUR BUSINESS POSITION: PRESIDENT

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

$0 - $499 | $500 - $1 000 | $1 001 - $10 000 | $10 001 - $100 000 | OVER $100 000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

CALIFORNIA DMV

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box: INVESTMENT | REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE: $2 000 - $10 000 | $10 001 - $100 000 | $100 001 - $1 000 000 | Over $1 000 000

IF APPLICABLE, LIST DATE: ___/___/21 ACQUIRED ___/___/21 DISPOSED

NATURE OF INTEREST: Property Ownership/Deed of Trust | Stock | Partnership | Leasehold ___ Yrs. remaining | Other

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one: Trust, go to 2 | Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE: $0 - $1 999 | $2 000 - $10 000 | $10 001 - $100 000 | $100 001 - $1 000 000 | Over $1 000 000

IF APPLICABLE LIST DATE: ___/___/21 ACQUIRED ___/___/21 DISPOSED

NATURE OF INVESTMENT: Partnership | Sole Proprietorship | Other

OUR BUSINESS POSITION

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

$0 - $499 | $500 - $1,000 | $1,001 - $10,000 | $10,001 - $100 000 | OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box: INVESTMENT | REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE: $2 000 - $10 000 | $10 001 - $100 000 | $100 001 - $1 000 000 | Over $1 000 000

IF APPLICABLE, LIST DATE: ___/___/21 ACQUIRED ___/___/21 DISPOSED

NATURE OF INTEREST: Property Ownership/Deed of Trust | Stock | Partnership | Leasehold ___ Yrs. remaining | Other

Check box if additional schedules reporting investments or real property are attached

Comments:

Print | Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name LARRY PAUL HILLBERG

SCHEDULE B
Interests in Real Property
(Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
006-030-056-000

CITY
COLFAX CALIFORNIA 95713

FAIR MARKET VALUE
$2,000 - $10,000
$10,001 - $100,000
$100,001 - $1,000,000
Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/21 ACQUIRED
___/___/21 DISPOSED

NATURE OF INTEREST
Ownership/Deed of Trust
Easement
Leasehold _____ Yrs. remaining
_____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
$0 - $499
$500 - $1,000
$1,001 - $10,000
$10,001 - $100,000
OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
006-031-011-000

CITY
KIRKWOOD CALIFORNIA 95646

FAIR MARKET VALUE
$2,000 - $10,000
$10,001 - $100,000
$100,001 - $1,000,000
Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/21 ACQUIRED
___/___/21 DISPOSED

NATURE OF INTEREST
Ownership/Deed of Trust
Easement
Leasehold _____ Yrs. remaining
_____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
$0 - $499
$500 - $1,000
$1,001 - $10,000
$10,001 - $100,000
OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
None

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
$500 - $1,000
$1,001 - $10,000
$10,001 - $100,000
OVER $100,000

Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
$500 - $1,000
$1,001 - $10,000
$10,001 - $100,000
OVER $100,000

Guarantor, if applicable

Comments:

Print Clear

Candidate Intention Statement

Date Stamp
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CITY OF COLFAX

CALIFORNIA FORM **501**

For Official Use Only

Check One: ☑ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial): Orozco, Rosendo A.

DAYTIME TELEPHONE NUMBER: [redacted]

FAX NUMBER (optional): ( )

EMAIL (optional): [redacted]

STREET ADDRESS: [redacted]

CITY:

STATE:

ZIP CODE: [redacted]

OFFICE SOUGHT (POSITION TITLE): City Councilmember

AGENCY NAME:

DISTRICT NUMBER, if applicable:

☐ NON-PARTISAN OFFICE

PARTY PREFERENCE:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☑ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

2022 (Year of Election)

(Check one box, if applicable.)

☐ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

2. 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 ~~August 23, 2022~~ (month, day, year)

RoA August, 12, 2022

Signature [redacted] (Candidate)

Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
11-8-2022			For Official Use Only

1. Statement Covers Calendar Year 20 _____.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Rosendo "Rocky" Orozco

STREET ADDRESS
[redacted]

CITY: Colfax
STATE: CA
ZIP CODE: 95713

AREA CODE/DAYTIME PHONE NUMBER
[redacted]

OPTIONAL: FAX / E-MAIL ADDRESS
rockyorozco@outlook.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Councilmember

JURISDICTION (LOCATION)
City of Colfax

DISTRICT NUMBER (IF APPLICABLE)

4. Committee Information - NA

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

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 11 August 2022
DATE

By [redacted]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

RECEIVED
AUG 12 2022
CITY OF COLFAX

Please type or print in ink.

NAME OF FILER (LAST): Orozco (FIRST): Rosendo (MIDDLE): Aranda

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*: City of Colfax

Division, Board, Department, District, if applicable:

Your Position: City Councilmember Candidate

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

Agency: _____ Position: _____

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

State: California

Multi-County: Placer County

City of: Colfax

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

County of: _____

Other: _____

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

Annual: The period covered is January 1, 2021, through December 31, 2021.

-or-

The period covered is ____/____/_____, through December 31, 2021.

Assuming Office: Date assumed ____/____/_____

Leaving Office: Date Left ____/____/_____ *(Check one circle.)*

The period covered is January 1, 2021, through the date of leaving office.

-or-

The period covered is ____/____/_____, through the date of leaving office.

Candidate: Date of Election 11/8/22 and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* _____

Schedules attached

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

MAILING ADDRESS *(Business or Agency Address Recommended - Public Document)* STREET: P.O. Box 1854 CITY: Colfax STATE: CA ZIP CODE: 95713

DAYTIME TELEPHONE NUMBER: [redacted]

EMAIL ADDRESS: rockyorozco@outlook.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 11 August 2022 *(month, day, year)*

Signature [redacted] *(File the originally signed paper statement with your filing official.)*

Print Clear

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
R&P Properties

ADDRESS *(Business Address Acceptable)*
P.O. Box 1851

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate

YOUR BUSINESS POSITION
Vice President - Operations

GROSS INCOME RECEIVED
No Income - Business Position Only
$500 - $1,000
$1,001 - $10,000
$10,001 - $100,000
OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of _____ *(Real property, car, boat, etc.)*
Loan repayment
Commission or
Rental Income, *list each source of $10,000 or more*
_____ *(Describe)*
Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Coltax Glass

ADDRESS *(Business Address Acceptable)*
226 N. Auburn St.

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Glass product wholesale/retail & installs

YOUR BUSINESS POSITION
installer

GROSS INCOME RECEIVED
No Income - Business Position Only
$500 - $1,000
$1,001 - $10,000
$10,001 - $100,000
OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of _____ *(Real property, car, boat, etc.)*
Loan repayment
Commission or
Rental Income, *list each source of $10,000 or more*
_____ *(Describe)*
Other _____ *(Describe)*

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
_____

ADDRESS *(Business Address Acceptable)*
_____

BUSINESS ACTIVITY, IF ANY, OF LENDER
_____

HIGHEST BALANCE DURING REPORTING PERIOD
$500 - $1,000
$1,001 - $10,000
$10,001 - $100,000
OVER $100,000

INTEREST RATE
_____% None

TERM (Months/Years)
_____

SECURITY FOR LOAN
None
Personal residence
Real Property _____ *Street address*
_____ *City*
Guarantor _____
Other _____ *(Describe)*

Comments: _____

Print Clear