

Candidate Intention Statement

Date Stamp RECEIVED FEB 23 2022 CITY OF COLFAX	CALIFORNIA FORM 501 For Official Use Only
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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
██████████	Colfax	Ca	95713
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
City Councilmember	City of Colfax	N/A	PARTY PREFERENCE: N/A
OFFICE JURISDICTION			(Check one box, if applicable.)
<input type="checkbox"/> State (Complete Part 2.)			<input checked="" type="checkbox"/> PRIMARY / GENERAL
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	N/A	2022	<input type="checkbox"/> SPECIAL / RUNOFF
	(Name of Multi-County Jurisdiction)	(Year of Election)	

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 Signature ██████████
(month, day, year) (Candidate)

Candidate Intention Statement

Date Stamp RECEIVED JUL 25 2022 CITY OF COLFAX	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Kim A Douglass</u>	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ()	EMAIL (optional) <u>douglass_kim@yahoo.com</u>
STREET ADDRESS [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]
OFFICE SOUGHT (POSITION TITLE) <u>CITY COUNCIL</u>	AGENCY NAME <u>COLFAX</u>	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County:	<u>Placer</u> (Name of Multi-County Jurisdiction)	<u>2022</u> (Year of Election)	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 Signature [REDACTED]
(month, day, year) (Candidate)

**Officeholder and Candidate
Campaign Statement –
Short Form**

Date of election if applicable: (Month, Day, Year) <u>11-8-2022</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp RECEIVED JUL 25 2022 CITY OF COLFAX	CALIFORNIA FORM 470 For Official Use Only
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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 OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

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

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 _____ Judge, Retired Judge, Pro Tem Judge or Court Commissioner (Statewide Jurisdiction) _____
Multi-County _____ County of PLACER
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. Leaving Office: Date Left _____ (Check one circle.)
-or- The period covered is _____ through _____ The period covered is January 1, 2021 through the date of leaving office.
Assuming Office: Date assumed _____ -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 _____ 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 7-25-2022 (month, day, year)

Signature _____
(File this originally signed cover 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 STOCKS IN IRELAND

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

**Officeholder and Candidate
Campaign Statement –
Short Form**

RECEIVED

JUL 26 2022

Date Stamp
CITY OF COLFAX
CITY OF COLFAX
JUL 26 2022
RECEIVED

CALIFORNIA FORM **470**
For Official Use Only

Date of election if applicable:
(Month, Day, Year)
11-8-2022

Amendment (Explain Below)

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
Council member

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)

Name
Kim A. Douglass

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

CITY
Dutch FLATCA

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 **06/11/20**
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**

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 Councilmember Candidate, City of Colfax
Agency Name (Do not use acronyms) Candidate
Division, Board, Department, District, if applicable _____ Your Position _____

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

[Redacted Mailing Address]

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 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
 \$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
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
 \$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: _____