

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)

JAN 30 2020

03-03-2020

PL KATHLEEN WILLIAMS
BY [REDACTED]

1. Statement Covers Calendar Year 20 20

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Melissa Ann Bishop

STREET ADDRESS

[REDACTED]

CITY

QUINCY

AREA CODE/DAYTIME PHONE NUMBER

530-258-1780

STATE

CA

ZIP CODE

95971

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

County Board of Supervisor

JURISDICTION (LOCATION)

Plumas County

DISTRICT NUMBER
(IF APPLICABLE)

#4

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

N/A

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 01-30-2020
DATE

By [REDACTED]

Clear Form

Print Form

Candidate Intention Statement

FILED

Date Stamp

CALIFORNIA
FORM 501

For Official Use Only

Check One: ☒ Initial

☐ Amendment (Explain) _____

DEC 06 2019

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

Bishop, Melissa, A

(530) 258-1780

STREET ADDRESS

CITY

STATE

ZIP CODE

[REDACTED]

Quincy

CA

95971

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN OFFICE

County Supervisor

Plumas County

4

PARTY PREFERENCE:

(Check one box, if applicable.)

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City

☒ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

2020

(Year of Election)

☒ 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 12-06-2019
(month, day, year)

Signature

[REDACTED]