

FILED

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp	FEB 16 2022	CALIFORNIA FORM 501
		For Official Use Only
RECORDED		
BY [REDACTED] DEPUTY		

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Cote, Kelley M	DAYTIME TELEPHONE NUMBER (530) 375-8222	FAX NUMBER (optional) _____	EMAIL (optional) kelleyforsupervisor@hotmail.com
STREET ADDRESS [REDACTED]	CITY Lake Almanor	STATE CA	ZIP CODE 96137
OFFICE SOUGHT (POSITION TITLE) County Supervisor	AGENCY NAME Plumas County	DISTRICT NUMBER, if applicable 3	<input type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: Republican (Check one box, if applicable.)
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)	2022 (Year of Election)	<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

2-16-22
(month, day, year)

Signature

[REDACTED]

Officeholder and Candidate
Campaign Statement –
Short Form

FILED
Date Stamp
FEB 16 2022
470
CALIFORNIA FORM
For Official Use Only

Date of election if applicable:
(Month, Day, Year)

June 7, 2022

Amendment (Explain Below)

PLU
BY
RECORDED
PUTY

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Kelley Cote

STREET ADDRESS

CITY

STATE

ZIP CODE

Lake Almanor

CA

96137

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

530-375-8222

kelleyforsupervisor@hotmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

County Supervisor

JURISDICTION (LOCATION)

Plumas County

DISTRICT NUMBER
(IF APPLICABLE)

3

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
Committee to Support Cote for Plumas County Supervisor	PO Box 526 - Chester, CA 96020	Frank Green

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 2-16-22
DATE

By _____