

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

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| RECEIVED <small>Date Stamp</small> AUG 06 2020 | CALIFORNIA FORM 470 |
| | <small>For Official Use Only</small> |

| | |
|--|---|
| Date of election if applicable: <small>(Month, Day, Year)</small> <u>11-3-20</u> | <input type="checkbox"/> Amendment <small>(Explain Below)</small> <hr/> <hr/> |
|--|---|

1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

| | | | |
|-----------------------------------|------------|--------------------------------|--|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | |
| <u>Richard Kohl</u> | | | |
| STREET ADDRESS | | | |
| <u>807 Kingery Dr</u> | | | |
| CITY | STATE | ZIP CODE | |
| <u>Ripon</u> | <u>Ca.</u> | <u>95366</u> | |
| AREA CODE/DAYTIME PHONE NUMBER | | OPTIONAL: FAX / E-MAIL ADDRESS | |
| <u>209-505-2929</u> | | | |

3. Office Sought or Held

| | |
|----------------------------|---------------------------------|
| OFFICE SOUGHT OR HELD | |
| <u>City Council member</u> | |
| JURISDICTION (LOCATION) | DISTRICT NUMBER (IF APPLICABLE) |
| | |

4. Committee Information

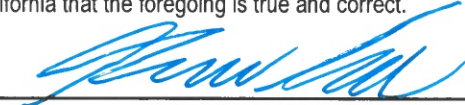
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

| 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 8-6-20
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE