

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

REC'D JUL 24 2020

Please type or print in ink.

NAME OF FILER (LAST) North (FIRST) Laura (MIDDLE) Michelle

1. Office, Agency, or Court

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

District 2

▶ 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 Kingsburg
- 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, 2019, through December 31, 2019.
- or- The period covered is _____, through December 31, 2019.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one circle.)
- The period covered is January 1, 2019, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.
- Candidate: Date of Election 11-3-2020 and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 1

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)
1401 Draper St. Kingsburg CA 93631
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(559) 897-5821 Lnorth@cityofkingsburg-ca.gov

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 7/24/2020
(month, day, year)

Signature Laura North
(File the originally signed paper statement with your filing official.)

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

Date of election if applicable:
(Month, Day, Year)
11/3/2020

Amendment (Explain Below)

Date Stamp
REC'D JUL 20 2020

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Laura North

STREET ADDRESS
[REDACTED]

CITY
Kingsburg

STATE
CA

ZIP CODE
93631

AREA CODE/DAYTIME PHONE NUMBER
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Council Member

JURISDICTION (LOCATION)

DISTRICT NUMBER (IF APPLICABLE)
2

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 7/20/2020
DATE

By Laura North
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
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REC'D JUL 20 2020	

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Laura North</u>	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) <u>() n/a</u>	EMAIL (optional)
STREET ADDRESS [REDACTED]	CITY <u>Kingsburg</u>	STATE <u>CA</u>	ZIP CODE <u>93631</u>
OFFICE SOUGHT (POSITION TITLE) <u>Council Member</u>	AGENCY NAME <u>City of Kingsburg</u>	DISTRICT NUMBER, if applicable. <u>2</u>	<input checked="" 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: _____	(Name of Multi-County Jurisdiction)	(Year of Election) <u>2020</u>	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 7/20/2020
(month, day, year)

Signature Laura North
(Candidate)