

Please type or print in ink.

NAME OF FILER (LAST) Williams (FIRST) Nathaniel (MIDDLE) Andrew

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Kingsburg  
Division, Board, Department, District, if applicable

Council Member  
Your Position

City Council District 1

► 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 or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2017, through December 31, 2017.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2017.
- Assuming Office: Date assumed \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2017, through the date of leaving office.
- or-
- The period covered is \_\_\_\_\_, through the date of leaving office.
- Candidate: Date of Election 11/6/18 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)

\_\_\_\_\_  
Kingsburg Ca 93631

E-MAIL 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 7/22/18  
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed statement with your filing official.)

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

Date of election if applicable: (Month, Day, Year)  <u>11/6/18</u>	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  _____ _____	Date Stamp  REC'D JUL 23 2018	CALIFORNIA FORM <b>470</b> For Official Use Only
---	---	-------------------------------------	---

1. Statement Covers Calendar Year 20 18.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Nathan Williams

STREET ADDRESS  
[REDACTED]

CITY  
Blanesburg

STATE  
Ca

ZIP CODE  
93631

OPTIONAL: FAX / E-MAIL ADDRESS  
[REDACTED]

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
City Council Member District 3

JURISDICTION (LOCATION)  
Blanesburg

DISTRICT NUMBER (IF APPLICABLE)  
1

**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 7/23/18 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form      Print Form

Candidate Intention Statement

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One:  Initial  Amendment (Explain)

REC'D JUL 23 2018

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

E-MAIL (optional)

Williams Nathan A

[Redacted]

( )

[Redacted]

STREET ADDRESS

CITY

STATE

[Redacted]

Kingsburg

CA 93631

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable

NON-PARTISAN

Council member district 1

OFFICE JURISDICTION

PARTY:

State (Complete Part 2.)

City  County  Multi-County:

(Name of Multi-County Jurisdiction)

2018 (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.)

Primary/general election (Year of Election)

Special/runoff election (Year of Election)

(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 7/22/18 (month, day, year)

Signature [Signature] (Candidate)