STATEMENT OF ECONOMIC INTERESTS  
AUG. 9, 2022  
KEITH M. WILLIAMS  
MARIPOSA COUNTY CLERK

1. Office, Agency, or Court
   Agency Name (Do not use acronyms)
   Board of Supervisors District 2  
   Supervisor District 2  
   Your Position
   ▶ 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
   ☐ County of MARIPOSA
   ☐ Other

3. Type of Statement (Check at least one box)
   ☐ Annual: The period covered is January 1, 2021, through December 31, 2021.
   -or-
   The period covered is ______/_______, through December 31, 2021.
   -or-
   Assuming Office: Date assumed ______/_______
   Leaving Office: Date Left ______/_______ (Check one circle.)
   -or-
   The period covered is ______/_______, through the date of leaving office.
   -or-
   The period covered is ______/_______, through the date of leaving office.
   ☐ Candidate: Date of Election ______/_______ and office sought, if different than Part 1:

4. Schedule Summary (must complete)  ◀ Total number of pages including this cover page: __________
   Schedules attached
   ☐ Schedule A - Investments - schedule attached
   ☐ Schedule A - 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  PO Box 213  Coulterville  CA  95311
   CITY  Coulterville  STATE  CA  95311
   ZIP CODE
   DAYTIME TELEPHONE NUMBER  (209) 404-3643
   EMAIL ADDRESS  larryhein@yahoo.com
   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  8-9-22
   Signature

FFPC Form 700 - Cover Page (2021/2022)  
advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov  
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3. Verification:

- ☐ I contributed personal funds in excess of the expenditure ceiling for the election stated above.
- ☐ On [date] (mark if applicable)

An amendment:

- ☐ I did not exceed the expenditure ceiling in the primary or special election held on [date].
- ☐ I accepted the voluntary expenditure ceiling for the election stated above.
- ☐ I do not accept the voluntary expenditure ceiling for the election stated above.

2. State Candidate Expenditure Limit Statement:

<table>
<thead>
<tr>
<th>Position</th>
<th>Amount Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>$[X]</td>
</tr>
<tr>
<td>Primary</td>
<td>$[Y]</td>
</tr>
</tbody>
</table>

1. Candidate Information:

- Candidate Name: [Name]
- Candidate Title: [Title]
- Candidate Address: [Address]
- Candidate City, State: [City, State]
- Candidate Zip Code: [Zip Code]
- Candidate Email: [Email]
- Candidate Telephone Number: [Telephone]
- Candidate Fax Number: [Fax]
- Candidate Party Preference:
  - ☐ Republican
  - ☐ Democrat

Check One:

- ☐ Initial
- ☐ Amendment (Explanatory Material):

FORM 501

Californa

Filed [Date]