

# Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment  
(Explain)

COPY

Date Stamp  
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AUG 06 2024

CALIFORNIA  
FORM 501

For Official Use Only

TEHAMA COUNTY ELECTIONS

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

BISWELL BRYCE D

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

AGENCY NAME

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN OFFICE

OFFICE JURISDICTION

(Check one box, if applicable.)

☐ State (Complete Part 2.)

☐ City

☒ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

☒ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

2024  
(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.)

(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

08/06/24  
(month, day, year)

Signature

Officeholder and Candidate  
Campaign Statement –  
Short Form

COPY

Date of election if applicable:  
(Month, Day, Year)  
Nov 5<sup>TH</sup>

☐ Amendment (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

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TEHAMA COUNTY ELECTIONS

CALIFORNIA  
FORM **470**  
For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

BRUCE D. BETHUNE

STREET ADDRESS

CORNER

CITY

CA

STATE

96021

ZIP CODE

AREA CODE/PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

BOARD MEMBER

JURISDICTION (LOCATION)

REDFIELD

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

08/02/24

DATE

By

OFFICEHOLDER OR CANDIDATE