

# Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) \_\_\_\_\_

Date Stamp JUL 22 2022 TC Elections	CALIFORNIA FORM 501 For Official Use Only
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## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Ester, Natalie</u>	DAYTIME TELEPHONE NUMBER ( ) _____	FAX NUMBER (optional) ( ) _____	EMAIL (optional) _____
STREET ADDRESS _____	CITY <u>Los Molinos</u>	STATE <u>CA</u>	ZIP CODE <u>96055</u>
OFFICE SOUGHT (POSITION TITLE) <u>Lassen View Board Member</u>	AGENCY NAME _____	DISTRICT NUMBER, if applicable _____	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)	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 7/22/22  
(month, day, year)

Signature \_\_\_\_\_  
(Candidate)

FPPC Form 501 (August/2018)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable: (Month, Day, Year) <u>Nov 8, 2022</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp JUL 22 2022 TC Elections	CALIFORNIA FORM 470 For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE <u>Natalie Foster</u>	
STREET ADDRESS [REDACTED]	CITY <u>Los Molinos</u>
STATE <u>CA</u>	ZIP CODE <u>96055</u>
AREA CODE/DAYTIME PHONE NUMBER [REDACTED]	OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD <u>Lassen View Board Member</u>	
JURISDICTION (LOCATION) <u>Tehama County</u>	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 7/22/22  
DATE

By [REDACTED]  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE