

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment
(Explain)

COPY

Date Stamp RECEIVED AUG 08 2024	CALIFORNIA FORM 501 For Official Use Only
TEHAMA COUNTY ELECTIONS	

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

James Long

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

STATE

ZIP CODE

OFFICIAL TITLE

Board Member

AGENCY NAME

Richfield

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City

☒ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

PARTY PREFERENCE:

(Check one box, if applicable.)

☒ PRIMARY / GENERAL

☐ SPECIAL / RLNOFF

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

8/8/24

(month, day, year)

Signature

Officeholder and Candidate
Campaign Statement –
Short Form

COPY

Date of election if applicable:
(Month, Day, Year)

11/5/24

☐ Amendment (Explain Below)

Date Stamp

RECEIVED

AUG 08 2024

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

James Long

STREET ADDRESS

[REDACTED]

CITY

Cornwall

AREA CODE/DAYTIME PHONE NUMBER

CA

STATE

94021

ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Board member

JURISDICTION (LOCATION)

Richfield

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

8/8/24

DATE

By

[REDACTED]

OR CANDIDATE