

Candidate Intention Statement

Date Stamp FILE AUG 09 2022 TO ELECTOR	CALIFORNIA FORM 501 For Official Use Only
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Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>LESTER GRADE</u>	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ()	EMAIL (optional)
STREET ADDRESS [REDACTED]	CITY <u>COTTONWOOD</u>	STATE <u>CA</u>	ZIP CODE <u>96022</u>
AGENCY NAME <u>EVERGREEN BOARD OF TRUSTEE</u>	DISTRICT NUMBER, if applicable <u>EVERGREEN</u>	NON-PARTISAN OFFICE <input checked="" type="checkbox"/> PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF	
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)			
2022 (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 8-9-2022
(month, day, year)

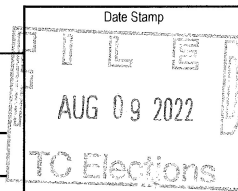
Signature

[REDACTED SIGNATURE]

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>11/8/22</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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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>LESTER GRADE</u>		
STREET ADDRESS [REDACTED]		
CITY <u>COTTONWOOD</u>	STATE <u>CA</u>	ZIP CODE <u>96022</u>
AREA CODE/DAYTIME PHONE NUMBER [REDACTED]		
OPTIONAL: FAX / E-MAIL ADDRESS _____		

3. Office Sought or Held

OFFICE SOUGHT OR HELD <u>EVERGREEN SCHOOL BOARD MEMBER</u>	
JURISDICTION (LOCATION) <u>TEHAMA</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 8/9/2022
DATE

By [REDACTED]
CANDIDATE