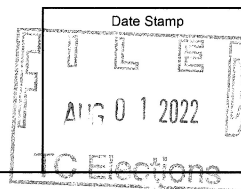


Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____



CALIFORNIA FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Fox Steven C. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () EMAIL (optional) _____

STREET ADDRESS [REDACTED] CITY Los Marineros STATE CA ZIP CODE 94055

OFFICE SOUGHT (POSITION TITLE) LOSSEY VIEW BOARD MEMBER AGENCY NAME _____ DISTRICT NUMBER, if applicable _____ ☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION: ☐ State (Complete Part 2.) ☒ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction) _____

PARTY PREFERENCE: (Check one box, if applicable.) ☒ PRIMARY / GENERAL ☐ SPECIAL / RUNOFF

(Year of Election) 2022

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 8/1/22
(month, day, year)

Signature [REDACTED]
(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>11/8/22</u>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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Date Stamp AUG 01 2022 TC Elections	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
STEVEN C. FOX

STREET ADDRESS
[REDACTED] Los Molinos 96055

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

AREA CODE/DAYTIME PHONE NUMBER [REDACTED] OPTIONAL: FAX / E-MAIL ADDRESS [REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD
LAUREN VIEW School Board Member

JURISDICTION (LOCATION)
Tehama County

DISTRICT NUMBER (IF APPLICABLE)
[REDACTED]

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 8/11/22
 DATE

By [REDACTED]
 SIGNATURE OF OFFICEHOLDER OR CANDIDATE