

# Candidate Intention Statement

COPY

Check One: ☒ Initial ☐ Amendment  
(Explain)

RECEIVED Date Stamp <b>AUG 05 2024</b> TEHAMA COUNTY ELECTIONS	CALIFORNIA FORM <b>501</b> For Official Use Only
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## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <b>Suggs, Peter</b>	DAYTIME TELEPHONE NUMBER ( ) ( ) ( ) ( ) ( ) ( )	FAX NUMBER (optional) ( ) ( ) ( ) ( ) ( ) ( )	EMAIL (optional)
STREET ADDRESS [REDACTED]	CITY <b>Cottonwood</b>	STATE <b>CA</b>	ZIP CODE <b>96022</b>
OFFICE SOUGHT (POSITION TITLE) <b>Director</b>	AGENCY NAME <b>Rio Alto Water District</b>	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.) <b>2024</b> <input checked="" type="checkbox"/> PRIMARY / GENERAL (Year of Election) <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

7/23/2024  
(month, day, year)

Signature

[REDACTED]

Officeholder and Candidate  
Campaign Statement –  
Short Form

COPY

Date of election if applicable: (Month, Day, Year) <u>NOV 5, 2024</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp	CALIFORNIA FORM <b>470</b> For Official Use Only
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Peter Suggs

STREET ADDRESS

CITY

Cottonwood

STATE

CA

ZIP CODE

91022

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX/E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

JURISDICTION (LOCATION)

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
<u>N/A</u>		
<u>N/A</u>		

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

7/23/2024  
DATE

By