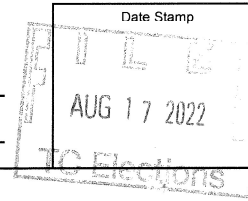


# Candidate Intention Statement

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



CALIFORNIA  
FORM **501**

For Official Use Only

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Edward Cruthin, S DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) ( ) EMAIL (optional) \_\_\_\_\_

STREET [REDACTED] CITY Orland STATE CA ZIP CODE 95963

OFFICE SOUGHT (POSITION TITLE) Capay Union School Board AGENCY NAME \_\_\_\_\_ DISTRICT NUMBER, if applicable CH ☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION \_\_\_\_\_ PARTY PREFERENCE: \_\_\_\_\_  
(Check one box, if applicable.)

☐ State (Complete Part 2.) ☒ Multi-County: Glenn / Tehama (Name of Multi-County Jurisdiction) 2022 (Year of Election) ☒ PRIMARY / GENERAL ☐ 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 8/17/2022 (month, day, year) Signature [REDACTED]

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

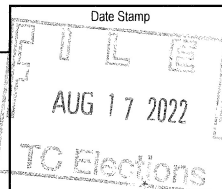
Officeholder and Candidate  
Campaign Statement –  
Short Form

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

11/8/2022

☐ Amendment (Explain Below)

Date Stamp



CALIFORNIA  
FORM

470

For Official Use Only

1. Statement Covers Calendar Year 2022.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Anthony S Ward

STREET ADDRESS

[REDACTED]

CITY

[REDACTED]

Orland, CA 95963

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

dw@farms@yahoo.com

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Papay Union School Board

JURISDICTION (LOCATION)

Papay Union School District

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

8/17/2022

DATE

By

[REDACTED]