

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

Date Stamp RECEIVED AUG 17 2022 SHASTA COUNTY CLERK	CALIFORNIA FORM 501
	For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) **HOTCHKISS, BYRON K.**
 STREET ADDRESS **[REDACTED]** CITY **SHINGLETOWN** STATE **CA.** ZIP CODE **96088**
 DAYTIME TELEPHONE NUMBER **[REDACTED]** FAX NUMBER (optional) **()** EMAIL (optional) **RXBKH@YAHOO.COM**
 OFFICE SOUGHT (POSITION TITLE) **SHASTA COLLEGE BOARD OF TRUSTEES.** AGENCY NAME **AREA "F"** DISTRICT NUMBER, if applicable **F** ☒ NON-PARTISAN OFFICE
 OFFICE JURISDICTION ☐ State (Complete Part 2.) ☐ City ☐ County ☒ Multi-County: **SHASTA / TEHAMA** (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

aug, 17, 2022
(month, day, year)

Signature

[REDACTED SIGNATURE]

Officeholder and Candidate
Campaign Statement –
Short Form

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

NOV. 8, 2022

☐ Amendment (Explain Below)

Date Stamp
RECEIVED *TH*
AUG 17 2022
SHASTA COUNTY CALIF.

CALIFORNIA
FORM **470**

For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

BYRON K. HOTCHKISS

STREET ADDRESS

7088 ALWARD WAY

CITY

SHINGLETOWN

STATE

CA.

ZIP CODE

96088

AREA CODE/DAYTIME PHONE NUMBER

530-321-1431

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

BOARD OF TRUSTEES, SHASTA COLLEGE

JURISDICTION (LOCATION)

SHASTA/TEHAMA COUNTY

DISTRICT NUMBER
(IF APPLICABLE)

F

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>		

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

aug, 17, 2022

DATE

By

Byron K. Hotchkiss

SIGNATURE OF OFFICEHOLDER OR CANDIDATE