

Candidate Intention Statement

Check One: ☒ Initial

☐ Amendment (Explain) _____

FILED SENDR PEREZ, COUNTY CLERK AUG 16 2022 BY <u>[Signature]</u> DEPUTY	CALIFORNIA FORM 501 For Official Use Only
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1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Fuentes, Erika A

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

[Redacted Address]

STATE

ZIP CODE

CA

95963

DISTRICT NUMBER, if applicable

☐ NON-PARTISAN OFFICE

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City ☐ County

☒ Multi-County:

Glenn-Tehama
(Name of Multi-County Jurisdiction)

PARTY PREFERENCE:
(Check one box, if applicable.)

☐ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

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

08/16/2022
(month, day, year)

Signature

[Redacted Signature]

Officeholder and Candidate
Campaign Statement -
Short Form

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

11/8/22

☐ Amendment (Explain Below)

Date Stamp
FILED
SENDY PEREZ, COUNTY CLERK

AUG 16 2022

BY *[Signature]* DEPUTY

CALIFORNIA
FORM 470

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1. Statement Covers Calendar Year 20

22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Enila A. Fuentes

STREET ADDRESS

[REDACTED]

CI

Orland

STATE

CA

ZIP CODE

95963

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Governing Board Member

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

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

8/16/2022

DATE

By

[REDACTED]

Clear Form

Print Form