

**Officeholder and Candidate
Campaign Statement -
Short Form**

Date of election if applicable:
(Month, Day, Year)
11 / 5 / 2024

Amendment (Explain Below)

COPY

Date Stamp
RECEIVED
JUL 18 2024
TEHAMA COUNTY ELECTIONS

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Hubert Wendell Lower
STREET ADDRESS
[REDACTED]
CITY STATE ZIP CODE
Orland CA 95963
AREA CODE/DAYTIME PHONE NUMBER
[REDACTED]
OPTIONAL FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board of Directors
JURISDICTION (LOCATION)
County of Tehama
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 \$500 in contributions 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 California that the information provided is true and correct.

Executed on 7-18-24 DATE

[REDACTED]

CANDIDATE

Candidate Intention Statement

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Check One: Initial Amendment
(Explain)

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1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Hubert Wendell Lower	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ()	EMAIL (optional)
STREET ADDRESS [REDACTED]	CITY Orland	STATE CA	ZIP CODE 95963
OFFICE NAME Board of Director Capay Fire Protection District	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN OFFICE	
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Multi-County: Tehama / Glenn	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF		2024 (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 information provided is true and correct.

Executed on 7-18-24
(month, day, year)

Signature [REDACTED]
(Candidate)