

Candidate Intention Statement

COPY

Date Stamp
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AUG 08 2024

CALIFORNIA
FORM

501

For Official Use Only

Check One: ☒ Initial ☐ Amendment
(Explain)

TEHAMA COUNTY ELECTIONS

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

STATE CA ZIP CODE 960021

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN OFFICE

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City

☒ County

☐ Multi-County:

Name of Multi-County Jurisdiction

PARTY PREFERENCE:

(Check one box, if applicable.)

☒ 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

8/8/2024
(month, day, year)

Signature

FPPC Form 501 (August/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Officeholder and Candidate
Campaign Statement –
Short Form

COPY

Date of election if applicable: (Month, Day, Year) <u>11/5/24</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp RECEIVED AUG 08 2024 TEHAMA COUNTY ELECTIONS	CALIFORNIA FORM 470 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 Janice L Greer Franer
[REDACTED]
CITY Corning STATE CA ZIP CODE 96001
[REDACTED]
OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD Board Trustee
CUESD
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>		

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

8/8/2024
DATE

By

[REDACTED]