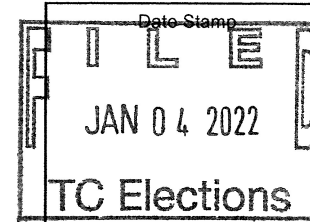


Candidate Intention Statement

COPY



CALIFORNIA FORM 501
For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Jason Browne	DAYTIME TELEPHONE NUMBER ([REDACTED])	FAX NUMBER (optional) ()	EMAIL (optional) goodstuffmusic4u@gmail.com
STREET ADDRESS [REDACTED]	CITY Red Bluff	STATE CA	ZIP CODE 96080
OFFICE SOUGHT (POSITION TITLE) Supervisor	AGENCY NAME Tehama County	DISTRICT NUMBER, if applicable. One	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.)
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		2022 (Year of Election)	<input type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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)

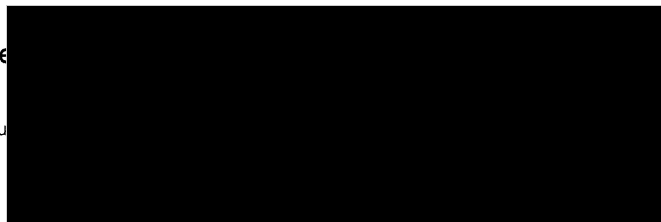
☐ On, ____/____/____ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

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 January 4th 2022
(month, day, year)

Signature



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Statement of Organization
Recipient Committee

Statement Type

☒ Initial

☒ Not yet qualified
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☐ Termination – See Part 5

Date of termination

1442286
Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

NOV 08 2021

CALIFORNIA
FORM

410

For Official Use Only

1. Committee Information

I.D. Number

(if applicable)

NAME OF COMMITTEE

Committee to Elect Jason Browne Tehama County Supervisor District 1 - 2022

STREET ADDRESS (NO P.O. BOX)

CITY
Red Bluff

STATE
CA

ZIP CODE
96080

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

Red Bluff, CA 96080

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

actionmerlot@gmail.com

COUNTY OF DOMICILE

Tehama

JURISDICTION WHERE COMMITTEE IS ACTIVE

Tehama

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Kenn Rieders

STREET ADDRESS (NO P.O. BOX)

CITY

Red Bluff

STATE

CA

ZIP CODE

96080

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

NAME OF PRINCIPAL OFFICER(S)

Jason L Browne

STREET ADDRESS (NO P.O. BOX)

CITY

Red Bluff

STATE

CA

ZIP CODE

96080

AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California.

Executed on 4 November 2021

DATE

By

Executed on 4 Novemebr 2021

DATE

By

Executed on

DATE

By

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

PROPONENT

FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
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Page 2

COMMITTEE NAME

Committee to Elect Jason Browne Tehama County Supervisor District 1 - 2022

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

Tri Counties Bank

AREA CODE/PHONE

530 529 7080

BANK ACCOUNT NUMBER

ADDRESS

727 S. Main St

CITY

Red Bluff

STATE

CA

ZIP CODE

96080

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Jason L Browne	Tehama County Supervisor District 1	2022	Nonpartisan ✓	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Statement of Organization Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

☐ Amendment

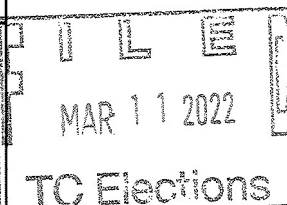
Date qualification threshold met

☒ Termination – See Part 5

Date of termination

3 / 11 / 2022

Date Stamp


**CALIFORNIA
FORM**
410

For Official Use Only

1. Committee Information

I.D. Number

1442286

(if applicable)

NAME OF COMMITTEE

Committee to Elect Jason Browne Tehama County Supervisor District 1 - 2022

STREET ADDRESS (NO P.O. BOX)

CITY
Red Bluff

STATE
CA

ZIP CODE
96080

AREA CODE/PHONE
530 414-3244

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

actionmerlot@gmail.com

COUNTY OF DOMICILE
Tehama

JURISDICTION WHERE COMMITTEE IS ACTIVE
Tehama

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Kenn Rieders

STREET ADDRESS (NO P.O. BOX)

CITY

Red Bluff

STATE

CA

ZIP CODE

96080

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Jason L Browne

STREET ADDRESS (NO P.O. BOX)

CITY

Red Bluff

STATE

CA

ZIP CODE

96080

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information provided is true and complete.

Executed on 11 March 2022

DATE

By

Executed on 11 March 2022

DATE

By

Executed on

DATE

By

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 2

COMMITTEE NAME Committee to Elect Jason Browne Tehama County Supervisor District 1 - 2022	I.D. NUMBER 1442286
--	------------------------

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION		AREA CODE/PHONE		BANK ACCOUNT NUMBER	
Tri Counties Bank		530 529 7080		<div></div>	
ADDRESS		CITY		STATE	ZIP CODE
727 S. Main St		Red Bluff		CA	96080

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Jason L Browne	Tehama County Supervisor District 1	2022	Nonpartisan ✓	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

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Page 3

COMMITTEE NAME

Committee to Elect Jason Browne Tehama County Supervisor District 1 - 2022

I.D. NUMBER

1442286

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee

☐ COUNTY Committee

☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

☐ ____/____/____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.