

Candidate Intention Statement

Date Stamp FILE AUG 09 2022 TC Elections	CALIFORNIA FORM 501 For Official Use Only
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Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Larry Long DAYTIME TELEPHONE NUMBER _____ FAX NUMBER (optional) _____ EMAIL (optional) _____
STREET ADDRESS Director Coerber Los Flores Community Services District CITY _____ STATE _____ ZIP CODE _____
OFFICE SOUGHT (POSITION TITLE) Tehama County AGENCY NAME _____ DISTRICT NUMBER, if applicable _____ ☒ NON-PARTISAN OFFICE
OFFICE JURISDICTION _____ PARTY PREFERENCE: _____
☐ State (Complete Part 2) ☒ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction) _____
(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.

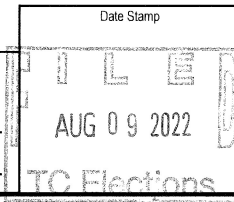
Executed on 8/9/22
(month, day, year)

Signature _____

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) <u>11-8-22</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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CALIFORNIA
FORM **470**
For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Larry Long

STREET ADDRESS
[REDACTED]

CITY
[REDACTED]

STATE
[REDACTED]

ZIP CODE
96035

OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Director Garber Los Flores CSD

JURISDICTION (LOCATION)
Tehama County

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 8/9/22 DATE

By [REDACTED] FOR CANDIDATE