

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

Date Stamp
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CALIFORNIA
FORM

501

AUG 08 2024

For Official Use Only

TEHAMA COUNTY ELECTIONS

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

Lon Taylor

STREET ADDRESS

STATE

ZIP CODE

[REDACTED]

Paynes Creek

CA

96075

OFFICE COUNTRY (COMMON TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN OFFICE

Director

Sky View County Water District

OFFICE JURISDICTION

(Check one box, if applicable.)

☐ State (Complete Part 2.)

☐ City

☒ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

2024
(Year of Election)

☒ 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

[REDACTED]

Officeholder and Candidate
Campaign Statement –
Short Form

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

11/5/24

☐ Amendment (Explain Below)

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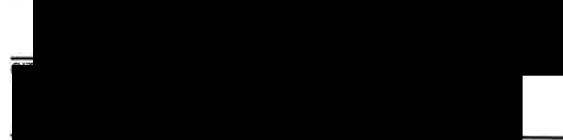
1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Lon Taylor

ST



CA

STATE

96075

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Director

JURISDICTION (LOCATION)

Sky View County Water District

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

8-8-2024

DATE

By

