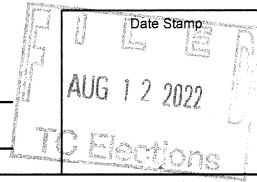


# Candidate Intention Statement



CALIFORNIA  
FORM **501**

For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Hickok, Michelle A. DAYTIME TELEPHONE NUMBER (530) 736-2186 FAX NUMBER (optional) ( ) EMAIL (optional) hello@michellchickok.com  
STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
OFFICE SOUGHT (POSITION TITLE) Shasta Tehama Trinity Joint Community College - Board of Trustee AGENCY NAME \_\_\_\_\_ DISTRICT NUMBER, if applicable F ☒ NON-PARTISAN OFFICE  
Trustee PARTY PREFERENCE: \_\_\_\_\_  
OFFICE JURISDICTION (Check one box, if applicable.)  
☐ State (Complete Part 2.) ☐ City ☐ County ☒ Multi-County: Shasta Tehama Trinity (Name of Multi-County Jurisdiction) 2022 (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 8-12-22  
(month, day, year)

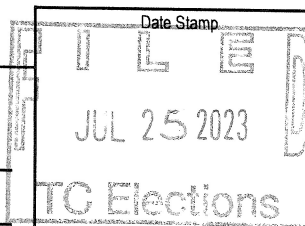
Signature Michelle Hickok  
(Candidate)

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)

☐ Amendment (Explain Below)



CALIFORNIA  
FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 23 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Michelle Hickok

STREET ADDRESS

[REDACTED]

CITY

STATE

ZIP CODE

Red Bluff

CA

96080

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Trustee, Shasta-Tehama-Trinity Joint Community College District

JURISDICTION (LOCATION)

Shasta County

DISTRICT NUMBER  
(IF APPLICABLE)

Area F

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 July 12, 2023

DATE

By

[REDACTED]

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Committee to Elect Michelle Hickok Shasta-Tehama-Trinity Joint Governing Board		Date of This Filing 11.9.2022	Date Stamp NOV 09 2022 TC Elections	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1454195	Report No. 1		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Red Bluff	STATE CA	ZIP CODE 96080	No. of Pages 1	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
11.8.2022	Shasta College Faculty Association PAC [REDACTED] Redding CA 96003	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

\* Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

Statement of Organization  
Recipient Committee

Statement Type

☐ Initial

☒ Not yet qualified  
or

☐ Date qualification threshold met

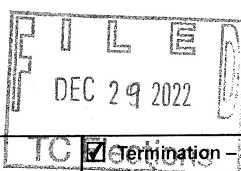
☐ Amendment

Date qualification threshold met

☒ Termination - See Part 5

Date of termination

12 / 15 / 2022



RECEIVED AND FILED  
in the office of the Secretary of State  
of the State of California

DEC 19 2022

CALIFORNIA  
FORM 410

For Official Use Only

1. Committee Information

I.D. Number

1454195

NAME OF COMMITTEE

Committee to Elect Michelle Hickok Shasta-Tehama-Trinity Joint Governing  
Board Member District F- 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)

hello@michellehickok.com

COUNTY OF DOMICILE

Tehama

JURISDICTION WHERE COMMITTEE IS ACTIVE

Shasta, Tehama, Trinity

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

Red Bluff

STATE

CA

ZIP CODE

96080

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Michelle Hickok

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 15 December 2022

DATE

By

Executed on 15 December 2022

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)  
FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)



Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

Page 2

COMMITTEE NAME Committee to Elect Michelle Hickok Shasta-Tehama-Trinity Joint Governing Board Member District F- 2022	I.D. NUMBER 1454195
--------------------------------------------------------------------------------------------------------------------------	------------------------

- 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 [REDACTED]
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		
Michelle Hickok	Shasta-Tehama-Trinity Joint Governing Board	2022	Nonpartisan ✓	Partisan	(list political party below)
	Member District F		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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 3

COMMITTEE NAME

Committee to Elect Michelle Hickok Shasta-Tehama-Trinity Joint Governing Board Member District F- 2022

I.D. NUMBER

1454195

**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.

FPPC Form 410 (August/2018)  
FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)