

# Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
FILED NOV 17 2021 TC Elections	For Official Use Only

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

## 1. Candidate Information:

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

11/17/21  
(month, day, year)

Signature

[REDACTED SIGNATURE]

Officeholder and Candidate  
Campaign Statement -  
Short Form

Date of election if applicable: (Month, Day, Year)  _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp MAR 03 2022 TC Elections	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Parker R. Hunt

STREET ADDRESS

\_\_\_\_\_

STATE

ZIP CODE

Real Bluff

CA

96000

AREA CODE/DAYTIME PHONE NUMBER

\_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Treasurer / Tax Collector

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

3/3/2022

DATE

By

\_\_\_\_\_

Clear Form

Print Form