

Candidate Intention Statement		Date Stamp	CALIFORNIA 501
Check One: Initial Amendment	(Explain)		For Official Use Only
1. Candidate Information:			
NAME OF CANDIDATE (Last, First Middle Initial) NOLEN PATRICIA STREETADDRESS OFFICE JURISDICTION State (Complete Part 2)	MANTON, CA	NUMBER, if applicable. NON-PAR PARTY PREF (Check	<u>rwitch 1965</u> egmail 96059
City County Multi-County:	(Name of Multi-County Jurisdiction)	7022	PECIAL / RUNOFF
2. State Candidate Expenditure Limit State (CalPERS and CalSTRS candidates, judges, judicial candidates, and (Chrick one box) 1 accept the voluntary expenditure ceiling for Amendment: 1 did not exceed the expenditure ceiling for the general or special run-	or the election stated above. eiling for the election stated above. g in the primary or special election held on	/ and I accept the	e voluntary expenditure
(Mark if applicable)			
On,/I contributed persona	I funds in excess of the expenditure ceiling for the	election stated above.	
3. Verification:			
I certify under penalty of perjury under the law Executed on	s of the State of California that the foregoing is true (Candidate)		FPPC Form 501 (August/2018) e: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Statement of (Organization			The second secon			
Recipient Con	nmittee			Date Stam	0	CALIFO	ORNIA AAO
Statement Type	✓ Initial				Total Control	FOR	
	Not yet qualified	L Amendment	☐ Termination – See Part 5		in received	F	For Official Use Only
	or			FEB 0 1	2022		
	O Date qualification threshold	met Date qualification threshold met	Date of termination		6.000	J	
			Bate of termination	TO Elec	tions		
1 Committe				394000 Total Control C	2010 C.	one to the same of	
	e Information I.D. Nu	mber	2. Treasurer and	Other Principal	Officers	5	
NAME OF COMMITTEE			NAME OF TREASURER		Land Carlo	and the stage of the stage of the same	
Committee to E	lect Pati Nolen Tehama Cou	nty Supervisor District 3 - 2022	Kenn Rieders				
			STREET ADDRESS (NO P.O. BOX)	Character commences to be later our supplier control of the province of the control of the contr	TO SELECTION OF THE SECOND OF	CONTROL CONTRO	AND THE STREET CONTESTION OF THE STREET CONTES
CTDTT ADDDTS /							
STREET ADDRESS (NO P.O	. BOX)	40 C C C C C C C C C C C C C C C C C C C	CITY	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	STATE	ZIP CODE	AREA CODE/PHONE
CITÝ			Red Bluff		CA	96080	2,7,7,7,0,7,0
Red Bluff	STATE	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER	R, IF ANY		ACCUSED THE TAXABLE PROPERTY.	
FULL MAILING ADDRESS (CA	96080			-		
POLE MAILING ADDRESS (IETHEFEREN()		STREET ADDRESS (NO P.O. BOX)	The second secon			DOCCHESTINATION OF THE SEASON AND SEASON AND SEASON AND SEASON ASSESSMENT OF THE SEASON ASSESSME
E-MAIL ADDRESS (REQUIR	RED) / FAX (OPTIONAL)						
waterwitch1965			CITY		STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE		E COMMITTEE IS ACTIVE					
Tehama	Tehama		NAME OF PRINCIPAL OFFICER(S)				DCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC
			Pati Nolen STREET ADDRESS (NO P.O. BOX)		and the second s	NAMES OF THE OWNER OWNER OF THE OWNER OWN	SOCIOLA POPULATION STATES STAT
			STREET ADDRESS (NO P.O. BOX)				
Attach additiona	linformation on annualist	to lot a tall and a second	CITY	AND THE CHARLES AND THE COMMON TO THE COMMON	STATE		MATERIAL REPORT OF THE PROPERTY OF THE PROPERT
Attach additiona	і шуотнайон оп арргорпате	ly labeled continuation sheets.	Maton			ZIP CODE	AREA CODE/PHONE
3. Verification	n		Maton	and the state of t	CA	96059	
nenalty of periur	asonable diligence in prepar y under the laws of the St	ing this statement and to the best	t of my knowledge the informat	tion contained here	in is true	and complete	e. I certify under
	,					,	,
Executed on 31 J	DATE By						
Executed on 31 J	anuary 2022		R ASSISTAÑT TREASUR	RER		Alemente et a concernant de la concernation de la concernant de la concernant de la concernant de la concernation	
	DATE BY	2/5/19/41/11/11/19/11/19/11/19/11/19/11/19/11/19/11/19/11/19/11/19/11/19/11/19/11/19/11/19/11/19/11/19/11/19/1	ANDIDATE OD CTATE		The second secon		
Executed on	Ву	The same of control	OLLING OFFICEHOLDER, CANDIDATE, OR STATE N	VIEASURE PROPONENT			
	DATE	SIGNATURE OF CONTR	OLLING OFFICEHOLDER, CANDIDATE, OR STATE N	MEASURE PROPONENT	***************************************	MANAGEMENT PROMOTERATION OF	
Executed on	DATE By						
1	DATE	SIGNATURE OF CONTR	O_LING OFFICEHOLDER, CANDIDATE, OR STATE N	MEASURE PROPONENT		CONTRACT CONTRACTORS	

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

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

3	A 1 11	FOD	THA	
7		FOR	NIA	
	-			
		DRM		

OMMITTEE NAME	EDORGE SERVICE AND ASSAULT SERVICE SER		COCCUSION IN THE PROPERTY OF T	Page 2
Committee to Elect Pati Nolen Tehama County Supervisor District 3	I.D. NUMBER			
All committees must list the financial institution where the camp	paign bank account is located.			
AME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NU	JMBER	THE RESERVE OF THE PROPERTY OF
ri Counties Bank	530 529 7080			
DDRESS	CITY	STATE	ZIP CODE	Manager Book and the second se
27 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	PART CHECK			
Pati Nolen	Tehama	County Supervisor District 3	2022	Nonpartisan	Partisan	(list political par	ty below)
			-	Nonpartisan	Partisan	(list political par	ty below)
Primarily Formed Committee Primarily formed to support or op CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETT IF A RECALL, STATE "RECAL_" IN FRONT OF THE OFFICEHOLDER'S NAME.	cific candidates or measures in a single el CANDIDATE(S) OFFICE SOUGHT OR H (INCLUDE DISTRICT NO., CITY (ELD OR MEASU	RE(S) JURISDICTIO	ON	СНЕСК	ONE	
	- Parliament and American are program and an annual security		TOTAL CONTROL OF THE PARTY OF T	THE THE MATERIAL PROPERTY OF THE PROPERTY OF T		SUPPORT	OPPOSE
	A STATE OF THE STA		- 39/30/60/8100/60/9/	N. San San J. (Gall Street, College Street, C		SUPPORT	OPPOSE

ELECTIVE OFFICE SOUGHT OR HELD

Statement of C	Organization			Date Stamp	CALIFORNIA AAA
Recipient Con	nmittee	The state of the s	FORM 410		
Statement Type	☐ Initial	☐ Amendment	✓ Termination – See Part 5	11 1	For Official Use Only
	Not yet qualified			JUN 2 2 2022	
	O Date qualification threshold met	Date qualification threshold met	Date of termination	JUN 2 2 2022 TO Elections	
	/	/	6 / 21 / 2022	The state of the s	1000
1. Committee	e Information I.D. Number	er ₁₄₄₄₄₄₅	2. Treasurer and	Other Principal Officers	
NAME OF COMMITTEE	(if applicable)	**************************************	NAME OF TREASURER		
Committee to E	lect Pati Nolen Tehama County S	Supervisor District 3 - 2022	Kenn Rieders		
			STREET ADDRESS (NO P.O. BOX)		
STREET ADDRESS (NO P.O	. BOX)		CITY	STATE	ZIP CODE AREA CODE/PHONE
			Red Bluff	CA	96080
CITY	STATE ZIP C		NAME OF ASSISTANT TREASURER	R, IF ANY	
Red Bluff		080			
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)		
E-MAIL ADDRESS (REQUIR			CITY	STATE	ZIP CODE AREA CODE/PHONE
waterwitch1965	@gmail.com				
COUNTY OF DOMICILE	JURISDICTION WHERE COM	MMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)		
Tehama	Tehama	THE RESERVE OF THE PROPERTY OF	Pati Nolen		
			STREET ADDRESS (NO P.O. BOX)		
Attach additiona	ıl information on appropriately lo	sheled continuation sheets	CITY	STATE	ZIP CODE AREA CODE/PHONE
, ittuon adamiona		beled continuation sheets.	Manton	CA	96059
3. Verificatio	n				A THE STATE OF THE
I have used all re	easonable diligence in preparing	this statement and to the bes	st of my knowledge the informa	ation contained herein is true	and complete. I certify under
	ry under the laws of the				,,
Executed on 21	June 2022				
	DATE		EASU	JRER	
Executed on	June 2022 DATE By				
		SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	
Executed on	DATE By	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	
Executed on	By				
	DATE	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	

Statement of Organization Recipient Committee				CALIFORNIA FORM	410
INSTRUCTIONS ON REVERSE				Page 2	
Committee to Elect Pati Nolen Tehama County	Supervisor District 3 - 2022			1.D. NUMBER 1444445	
All committees must list the financial institu	tion where the campaign bank account is located	l.			
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT	NUMBER		
Tri Counties Bank	530 529 7080				
ADDRESS	CITY	STATE	ZIP CODE		
727 S. Main St	Red Bluff	CA	96080		
4. Type of Committee Complete the a	oplicable sections.				
Controlled Committee					
	r, candidate, or state measure proponent. If candid district number, if any, and the year of the election		ontrolled,		
List the political party with which each office	holder or candidate is affiliated or check "nonparti	san." Stating "No part	preference" is ac	cceptable	
If this committee acts jointly with another co	ntrolled committee, list the name and identification	on number of the other	controlled comm	ittee.	

ELECTIVE OFFICE SOUGHT OR HELD YEAR OF PARTY NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT (INCLUDE DISTRICT NUMBER IF APPLICABLE) ELECTION CHECK ONE Nonpartisan Partisan (list political party below) 2022 Tehama County Supervisor District 3 Pati Nolen (list political party below) Nonpartisan Partisan

Primarily Formed Committee

Primarily Formed Committee

Primarily Formed Committee

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 CALIFORNIA Recipient Committee FORM INSTRUCTIONS ON REVERSE Page 3 COMMITTEE NAME I.D. NUMBER Committee to Elect Pati Nolen Tehama County Supervisor District 3 - 2022 1444445 4. Type of Committee (Continued) Not formed to support or oppose specific candidates or measures in a single election. Check only one box: General Purpose Committee ☐ 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 STATE ZIP CODE AREA CODE/PHONE Small Contributor Committee

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.

Officeholder and Candidate Campaign Statement –					Dale Slamp	CALIFORNIA 470
Sh	ort Form	Date of election if applicable: (Month, Day, Year)	☐ Amen	dment (Explain Below)	AUG 1 7 2023	For Official Use Only
					LIGEOries	in A
1.	Statement Covers Calendar Year 20 23					
2.	Officeholder or Candidate Information		3.	Office Sought or Held		
	NAME OF OFFICEHOLDER OR CANDIDATE PATTAICIA S. NOLEN			OFFICE SOUGHT OR HELD SUPERMSOR	D167-39, TEH.	ANIA CO
	STREET ADDRESS			JURISDICTION (LOCATION) TEHANIA (20.	DISTRICT NUMBER (IF APPLICABLE)
	MANTON	CA 96059				
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS				
4.	Committee Information List all committees of which you have knowledge the	at are primarily formed to rece	ive contribu	ions or to make expenditur	es on behalf of your candidac	у.
	COMMITTEE NAME AND LD. NUMBER			E ADDRESS		F TREASURER
	NONE					
5.	Literature weeks appelled of porium that to the heat of my l	nowledge I anticipate that I will re	eceive less th	an \$2,000 and that I will spen	d less than \$2,000 during the cal	endar year and that I have used
	all reasonable diligence in preparing this statement. I ce	ertify under penalty of perjury und	er the laws of	the State of California that the	e foregoing is true and correct.	
	Executed on <u>AUGUST</u> . 15, 2023	ž		Зу	SIGNATURE OF OFFICEHOLDER OR CANDIDATE	
						170/470 Supplement (Jan/2016) ce@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov