

### Candidate Intention Statement

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

Date Stamp	CALIFORNIA FORM 501
	For Official Use Only

#### 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) NOLEN, PATRICIA S. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) NONE EMAIL (optional) Waterwitch1965@gmail  
STREET ADDRESS [REDACTED] CITY MANTON, CALIFORNIA STATE CALIFORNIA ZIP CODE 96059  
OFFICE (Last, First Middle Initial) DISTRICT 3 SUPERVISOR DISTRICT NUMBER, if applicable 3 ☐ NON-PARTISAN OFFICE  
OFFICE JURISDICTION ☐ State (Complete Part 2.) ☒ City ☒ County ☐ Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) PARTY PREFERENCE: REPUBLICAN  
(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.

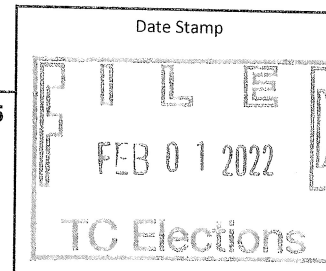
Executed on JANUARY 26, 2022 (month, day, year) Signature [REDACTED] (Candidate)

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

# Statement of Organization Recipient Committee

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met ____/____/____	<input type="checkbox"/> Amendment Date qualification threshold met ____/____/____	<input type="checkbox"/> Termination – See Part 5 Date of termination ____/____/____
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**CALIFORNIA FORM 410**  
For Official Use Only

1. Committee Information		I.D. Number (if applicable)		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE  Committee to Elect Pati Nolen Tehama County Supervisor District 3 - 2022				NAME OF TREASURER  Kenn Rieders	
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY Red Bluff	STATE CA	ZIP CODE 96080	AREA CODE/PHONE [REDACTED]	CITY Red Bluff	STATE CA
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]				NAME OF ASSISTANT TREASURER, IF ANY  -	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) waterwitch1965@gmail.com				STREET ADDRESS (NO P.O. BOX)  	
COUNTY OF DOMICILE Tehama	JURISDICTION WHERE COMMITTEE IS ACTIVE Tehama			CITY  	
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S) Pati Nolen	
				STREET ADDRESS (NO P.O. BOX) [REDACTED]	
				CITY Maton	
				STATE CA	
				ZIP CODE 96059	
				AREA CODE/PHONE [REDACTED]	

## 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	31 January 2022	By	[REDACTED]
	DATE		
Executed on	31 January 2022	By	[REDACTED]
	DATE		
Executed on		By	
	DATE		
Executed on		By	
	DATE		

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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FORM 410**

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I.D. NUMBER

COMMITTEE NAME

Committee to Elect Pati Nolen Tehama County Supervisor District 3 - 2022

- 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

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		
Pati Nolen	Tehama County Supervisor District 3	2022	Nonpartisan ✓	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

**Primarily Formed Committee**

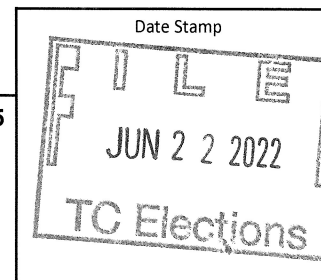
Primarily formed to support or oppose specific candidates or measures in a single election. List below:

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
		SUPPORT	OPPOSE

# Statement of Organization Recipient Committee

## Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met ____/____/____	Date qualification threshold met ____/____/____	Date of termination 6 / 21 / 2022



CALIFORNIA  
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For Official Use Only

1. Committee Information		I.D. Number 1444445 (if applicable)		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE  Committee to Elect Pati Nolen Tehama County Supervisor District 3 - 2022				NAME OF TREASURER  Kenn Rieders	
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY Red Bluff	STATE CA	ZIP CODE 96080	AREA CODE/PHONE [REDACTED]	CITY Red Bluff	STATE CA
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]				NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) waterwitch1965@gmail.com				STREET ADDRESS (NO P.O. BOX) [REDACTED]	
COUNTY OF DOMICILE Tehama	JURISDICTION WHERE COMMITTEE IS ACTIVE Tehama			CITY [REDACTED]	
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S) Pati Nolen	
				STREET ADDRESS (NO P.O. BOX) [REDACTED]	
				CITY Manton	STATE CA
				ZIP CODE 96059	AREA CODE/PHONE [REDACTED]

## 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 that the foregoing is true and correct.

Executed on 21 June 2022	By [REDACTED]	Treasurer
Executed on 21 June 2022	By [REDACTED]	Signature of Controlling Officeholder, Candidate, or State Measure Proponent
Executed on _____	By _____	Signature of Controlling Officeholder, Candidate, or State Measure Proponent
Executed on _____	By _____	Signature of Controlling Officeholder, Candidate, or State Measure Proponent



# Statement of Organization Recipient Committee

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COMMITTEE NAME Committee to Elect Pati Nolen Tehama County Supervisor District 3 - 2022		I.D. NUMBER 1444445	
<ul style="list-style-type: none"><li>All committees must list the financial institution where the campaign bank account is located.</li></ul>			
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
<b>4. Type of Committee</b> 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		
Pati Nolen	Tehama County Supervisor District 3	2022	Nonpartisan ✓	Partisan	(list political party below)
			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
		SUPPORT	OPPOSE

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Committee to Elect Pati Nolen Tehama County Supervisor District 3 - 2022

I.D. NUMBER

1444445

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.

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp AUG 17 2023 FILE TO ELECTIONS	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
PATRICIA S. NOLEN

STREET ADDRESS  
[REDACTED]

CITY MANITON STATE CA ZIP CODE 96059

AREA CODE/DAYTIME PHONE NUMBER [REDACTED] OPTIONAL FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
SUPERVISOR DIST. 3, TEHAMA CO.

JURISDICTION (LOCATION)  
TEHAMA CO.

DISTRICT NUMBER (IF APPLICABLE)  
3

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 ID NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
NONE		

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 AUGUST 15, 2023  
DATE

By [REDACTED]  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE