

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment
(Explain)

COPY

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1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) PATRICIA	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ()	EMAIL (optional)
STREET ADDRESS [REDACTED]	CITY CORNING	STATE CA	ZIP CODE 96021
OFFICE SOUGHT (POSITION TITLE) DIRECTOR OF THE BOARD CORNING HEALTHCARE DISTRICT	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: (Name of Multi-County Jurisdiction)	2024 (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 _____ correct.

Executed on

8/9/24
(month, day, year)

Signature

(Candidate)

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year)
Nov 5, 2024

<input type="checkbox"/> Amendment (Explain Below)
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1. Statement Covers Calendar Year 20 ²⁴_____.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Patricia Hunn

STREET ADDRESS

[REDACTED]

CITY

Corning

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

STATE

CA

ZIP CODE

96021

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Director of the Board, Corning Healthcare District

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 this statement is true and correct.

Executed on 8/8/24
DATE

B [REDACTED] CANDIDATE