

Candidate Intention Statement

Date Stamp FILE JAN 05 2022 TC Elections	CALIFORNIA FORM 501 For Official Use Only
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Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DuVarney Richard Robert DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () EMAIL (optional) rdubarney@gmail.com

STREET ADDRESS [REDACTED] Red Bluff Ca. 96080 STATE CA ZIP CODE 96080

OFFICE JURISDICTION Tehama County Superintendent of Schools DISTRICT NUMBER, if applicable: [REDACTED] ☒ NON-PARTISAN OFFICE

☐ State (Complete Part 2.) ☒ PRIMARY / GENERAL

☐ City ☒ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction) ☐ SPECIAL / RUNOFF

(Check one box, if applicable.)

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

1/5/2022
(month, day, year)

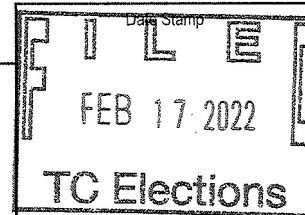
Signature [REDACTED]

Officeholder and Candidate
Campaign Statement -
Short Form

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

6/7/22

☐ Amendment (Explain Below)



CALIFORNIA
FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Richard DuVarney

STREET ADDRESS

[REDACTED]

CITY

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

Tehama County Superintendent of Schools

JURISDICTION (LOCATION)

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
N/A		

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 2/16/22 DATE

By [REDACTED] OFFICEHOLDER OR CANDIDATE

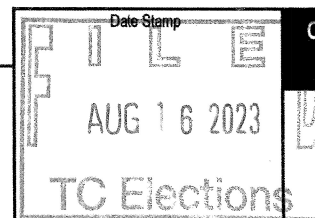
Clear Form

Print Form

Officeholder and Candidate
Campaign Statement –
Short Form

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

☐ Amendment (Explain Below)



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FORM 470

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2. Officeholder or Candidate Information Richard DuVarney

NAME OF OFFICEHOLDER OR CANDIDATE

STREET ADDRESS

Red Bluff, CA 96080

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held Tehama County Superintendent of Schools

OFFICE SOUGHT OR HELD

Tehama County

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Executed on

8/14/23

DATE

By

CANDIDATE