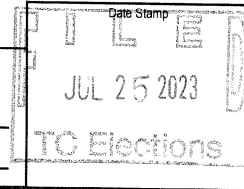


Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) 	<input type="checkbox"/> Amendment (Explain Below)
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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
Richard Lawrence
STREET ADDRESS
16430 Sheila Road
CITY STATE ZIP CODE
Cottonwood CA 96022
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/E-MAIL ADDRESS
530-347-4923 rlawren16430@outlook.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Trustee, Shasta-Tehama-Trinity Joint Community College District
JURISDICTION (LOCATION) DISTRICT NUMBER
Shasta/Tehama County (IF APPLICABLE)
Area G

4. Committee Information

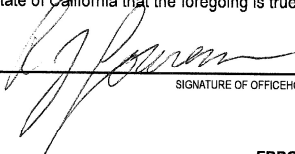
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

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 July 12, 2023
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Candidate Intention Statement

FILED JUL 22 2022 TC Elections	CALIFORNIA FORM 501
	For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) RICHARD LAWRENCE COTTONWOOD DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () CA EMAIL (optional) RLAWREN16430@OUTLOOK.COM

STREET ADDRESS [REDACTED] CITY COTTONWOOD STATE CA ZIP CODE 96022

AGENCY NAME COLLEGE BOARD DISTRICT NUMBER, if applicable G ☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

☐ State (Complete Part 2.) ☐ City ☐ County ☒ Multi-County: TEHAMA SHASTA (Name of Multi-County Jurisdiction) 2022 (Year of Election) ☒ PRIMARY / GENERAL ☐ 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 7-22-22
(month, day, year)

Signature [REDACTED]

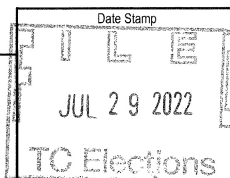
FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Officeholder and Candidate
Campaign Statement –
Short Form

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

11-2-22

☐ 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 LAWRENCE

STREET ADDRESS

COTTONWOOD

CA

96022

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

SHASTA COLLEGE BOARD

JURISDICTION (LOCATION)

TEHAMA / SHASTA

DISTRICT NUMBER

(IF APPLICABLE) 6

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

NONE AT THIS TIME

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

7-23-22

DATE

By

OFFICEHOLDER OR CANDIDATE

FPPC Form 470/470 Supplement (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov