

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable: (Month, Day, Year) <u>Nov 8, 2022</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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Date Stamp FILE JUL 29 2022 TC Elections	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 \_\_\_\_ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE <u>ROBERT JOHNSON</u>	
STREET ADDRESS [REDACTED]	
CITY <u>CORNING</u>	STATE ZIP CODE <u>CA 96021</u>
AREA CODE / DAYTIME PHONE NUMBER [REDACTED]	
OPTIONAL: FAX / E-MAIL ADDRESS _____	

3. Office Sought or Held

OFFICE SOUGHT OR HELD <u>RICHFIELD SCHOOL BOARD MEMBER</u>	
JURISDICTION (LOCATION) <u>RICHFIELD SCHOOL</u>	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

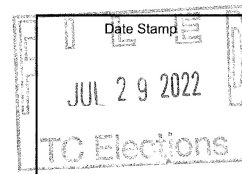
5. Verification

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 the foregoing is true and correct.

Executed on 7-29-2022  
DATE

By [REDACTED]  
OFFICEHOLDER OR CANDIDATE

# Candidate Intention Statement



CALIFORNIA  
FORM **501**

For Official Use Only

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

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) JOHNSON ROBERT D DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) ( ) EMAIL (optional) ROBERT-D-22C@HOTMAIL.COM  
 STREET ADDRESS [REDACTED] CITY CORNING STATE CA ZIP CODE 96021  
 OF [REDACTED] AGENCY NAME RICHFIELD ELEMENTARY DISTRICT NUMBER, if applicable. [REDACTED] ☒ NON-PARTISAN OFFICE  
 OFFICE JURISDICTION SCHOOL BOARD PARTY PREFERENCE:  
☐ State (Complete Part 2.) ☒ PRIMARY / GENERAL  
☐ City ☒ County ☐ Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) 2022 (Year of Election) ☐ 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 7-29-2022  
(month, day, year)

Signature [REDACTED]  
(Candidate)

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