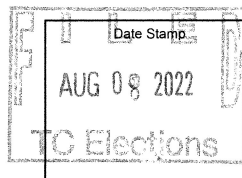


Candidate Intention Statement



CALIFORNIA
FORM **501**

For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) PIFFERO STEVEN DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) [REDACTED] EMAIL (optional) SPARTANUSPIFF@GMAIL.COM
[REDACTED] RED BLUFF CA 96080
 OFFICE Sought (POSITION TITLE) BOARD MEMBER AGENCY NAME RED BLUFF UESD DISTRICT NUMBER, if applicable 2 NON-PARTISAN OFFICE ☒
 OFFICE JURISDICTION: ☐ State (Complete Part 2) ☒ City ☐ County ☐ Multi-County: _____ (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 _____

Executed on 8/8/22
(month, day, year)

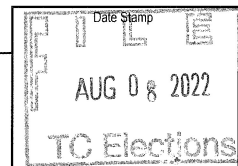
Signature

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)
11/8/22

☐ 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

STEVEN RIFFERO

[REDACTED]

RED BLUFF

STATE CA ZIP CODE 96080

AREA CODE/PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

SCHOOL BOARD MEMBER RBLUSD

JURISDICTION (LOCATION)

RED BLUFF

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

8/8/22

DATE

By

[REDACTED]