

Candidate Intention Statement

| | |
|---|--|
| Date Stamp OCT 17 2023 TC Elections | CALIFORNIA FORM 501 For Official Use Only |
|---|--|

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Walker, Thomas A DAYTIME TELEPHONE NUMBER _____ FAX NUMBER (optional) _____ EMAIL (optional) walker.tom79@gmail.com

OFFICE ADDRESS _____ CITY Red Bluff STATE CA ZIP CODE 96080

OFFICE SOUGHT (POSITION TITLE) County Supervisor Dist 2 AGENCY NAME Tehama County DISTRICT NUMBER, if applicable: 2 ☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION ☐ State (Complete Part 2.) ☒ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction) PARTY PREFERENCE: (Check one box, if applicable.) ☒ PRIMARY / GENERAL ☐ SPECIAL / RUNOFF

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 State of California that the foregoing is true and correct.

Executed on October 17th 2023 Signature _____
(month, day, year) (Candidate)

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

Recipient Committee
Campaign Statement
Cover Page

COPY

CC PAGE

CALIFORNIA
FORM 460

Date Stamp

FILE
JAN 22 2024
TC Elections

Page 1 of 6

For Official Use Only

Statement covers period

from 1-1-24

through 1-20-24

Date of election if applicable:

(Month, Day, Year)

3-5-24

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

☒ Officeholder, Candidate Controlled Committee

☐ State Candidate Election Committee

☐ Recall

(Also Complete Part 5)

☐ General Purpose Committee

☐ Sponsored

☐ Small Contributor Committee

☐ Political Party/Central Committee

☐ Primarily Formed Ballot Measure Committee

☐ Controlled

☐ Sponsored

(Also Complete Part 6)

☐ Primarily Formed Candidate/Officeholder Committee

(Also Complete Part 7)

2. Type of Statement:

☒ Preelection Statement

☐ Semi-annual Statement

☐ Termination Statement
(Also file a Form 410 Termination)

☐ Amendment (Explain below)

☐ Quarterly Statement

☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to Elect Tom Walker
for Supervisor Dist 2 2024

STREET ADDRESS (NO. AND STREET OR P.O. BOX)

CITY

Red Bluff CA 96080

STATE

ZIP CODE

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Tamara LaBorde

MAILING ADDRESS

CITY

Red Bluff CA 96080

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

1-22-24

Date

By

Executed on

1-22-24

Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on

Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Tom Walker

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Tehama County Board of Supervisor Dist 2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Red Bluff CA 96080

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period

from 1-1-24

through 1-20-24

CALIFORNIA
FORM

460

Page 3 of 6

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Tom Walker for Supervisor Dist 2 2024

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

| | | | |
|--------------------------------------|--------------------|------------------------|------------------------|
| 1. Monetary Contributions..... | Schedule A, Line 3 | \$ 4500. ⁰⁰ | \$ 4500. ⁰⁰ |
| 2. Loans Received..... | Schedule B, Line 3 | — | — |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 | \$ 4500. ⁰⁰ | \$ 4500. ⁰⁰ |
| 4. Nonmonetary Contributions..... | Schedule C, Line 3 | — | — |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 | \$ 4500. ⁰⁰ | \$ 4500. ⁰⁰ |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30

7/1 to Date

| | | | | |
|----------------------------|----|--|----|--|
| 20. Contributions Received | \$ | | \$ | |
| 21. Expenditures Made | \$ | | \$ | |

Expenditures Made

| | | | |
|---|----------------------|------------|------------|
| 6. Payments Made..... | Schedule E, Line 4 | \$ 2598.12 | \$ 2598.12 |
| 7. Loans Made..... | Schedule H, Line 3 | — | — |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6 + 7 | \$ 2598.12 | \$ 2598.12 |
| 9. Accrued Expenses (Unpaid Bills)..... | Schedule F, Line 3 | — | — |
| 10. Nonmonetary Adjustment..... | Schedule C, Line 3 | — | — |
| 11. TOTAL EXPENDITURES MADE..... | Add Lines 8 + 9 + 10 | \$ 2598.12 | \$ 2598.12 |

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election
(mm/dd/yy)

Total to Date

| | | |
|------|----|--|
| 1/1/ | \$ | |
| 1/1/ | \$ | |

Current Cash Statement

| | | |
|--|---|------------------------|
| 12. Beginning Cash Balance..... | Previous Summary Page, Line 16 | \$ 4500. ⁰⁰ |
| 13. Cash Receipts..... | Column A, Line 3 above | — |
| 14. Miscellaneous Increases to Cash..... | Schedule I, Line 4 | 2598.12 |
| 15. Cash Payments..... | Column A, Line 8 above | 1901.88 |
| 16. ENDING CASH BALANCE..... | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 1901.88 |

If this is a termination statement, Line 16 must be zero.

| | | |
|-----------------------------------|--------------------|------|
| 17. LOAN GUARANTEES RECEIVED..... | Schedule B, Part 2 | \$ — |
|-----------------------------------|--------------------|------|

Cash Equivalents and Outstanding Debts

| | | |
|----------------------------|---------------------------------------|------|
| 18. Cash Equivalents..... | See instructions on reverse | \$ — |
| 19. Outstanding Debts..... | Add Line 2 + Line 9 in Column B above | \$ — |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 1-1-24
through 1-20-24

CALIFORNIA **460**
FORM

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Tom Walker for Supervisor Dist 2 2024

I.D. NUMBER

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------------------------------|---|---|---|-----------------------------------|---|--|
| 10-24-23 | Brad Fowler [REDACTED] Shastalake, CA 96019 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Maintenance California State Parks | 1,000. ⁰⁰ | | |
| 12-11-23 | Bert Aures [REDACTED] Red Bluff | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Western Crop Insurance Agency | 500. ⁰⁰ | | |
| 1-2-24 | Daniel Damonte [REDACTED] Santa Rosa CA 95404 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Golden Gate North Distributors | 500. ⁰⁰ | | |
| 1-2-24 | Richard Kirchner [REDACTED] San Francisco, CA 94115 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Ten Point Ranch Co. | 2000. ⁰⁰ | | |
| 1-4-24 | Charles Wright [REDACTED] Red Bluff, CA 96080 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Wright Bros | 500. ⁰⁰ | | |
| SUBTOTAL \$ <u>4500.⁰⁰</u> | | | | | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 4500.⁰⁰
- Amount received this period – unitemized monetary contributions of less than \$100 \$ —
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 4500.⁰⁰

*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule E
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

| | |
|---|----------------------------|
| Statement covers period from <u>1-1-24</u> through <u>1-20-24</u> | CALIFORNIA FORM 460 |
| Page <u>5</u> of <u>6</u> | I.D. NUMBER |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Elect Tom Walker for Supervisor Dist 2 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|-------------------------------|-------------|
| Tehama County Elections Dept 633 Washington St SPC 17, Red Bluff, CA 96080 | FIL | filing fees | 118.40 |
| Tehama County Elections Dept 633 Washington St SPC 17, Red Bluff, CA 96080 | FIL | candidates statement | 500.00 |
| Secretary of State 1500 11th St Rm 495, Sacramento, CA 95814 | FIL | statement of organization fee | 50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 668.40

Schedule E Summary

| | |
|--|--------------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ <u>2448.12</u> |
| 2. Unitemized payments made this period of under \$100 | \$ <u>150.00</u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ <u>-</u> |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ <u>2598.12</u> |

Schedule C
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE C (CONT.)

| | |
|---|----------------------------|
| Statement covers period from <u>1-1-24</u> through <u>1-20-24</u> | CALIFORNIA FORM 460 |
| | Page <u>6</u> of <u>6</u> |
| I.D. NUMBER | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Tom Walker for Supervisor Dist 2 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
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| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
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| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|-------------------------|-------------|
| Casa Ramos Red Bluff [REDACTED] Red Bluff, CA 96080 Imprint, Com. [REDACTED] Houston, TX 77083 Sign Works [REDACTED] Olivehurst, CA 95961 | TRC | sign hanging party meal | 164.95 |
| | CMP | buttons and yard signs | 300.61 |
| | CMP | large signs | 1314.16 |
| | | | |
| | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1779.72