

# Candidate Intention Statement

Check One: ☒ Initial

☐ Amendment (Explain) \_\_\_\_\_

Date Stamp AUG 12 2022 TC Elections	CALIFORNIA FORM 501 For Official Use Only
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## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

CARDENAS VALANNE

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

[REDACTED]

Corning

CA

96021

OFFICE POSITION (If applicable)

Director Corning Healthcare District

DISTRICT NUMBER, if applicable

N/A

☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City

☒ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

(Check one box, if applicable.)

☒ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

2022  
(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

Aug 8, 2022  
(month, day, year)

Signature

(Candidate)

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) _____ _____	Date Stamp AUG 12 2022 FPC Elections	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Valanne Cardenas

STREET ADDRESS

\_\_\_\_\_

CITY

Corning CA

AREA CODE/DAYTIME PHONE NUMBER

STATE

ZIP CODE

96021

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Director Corning Healthcare District

JURISDICTION (LOCATION)

Tehama County

DISTRICT NUMBER  
(IF APPLICABLE)

N/A

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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

Valanne Cardenas 8/10/22

DATE

By

\_\_\_\_\_

SIGNATURE OF OFFICEHOLDER OR CANDIDATE