Candidate Intention Statement	Date Stamp CALIFORNIA 501 SENDY PEREZ, COUNTY CLERK FORM
Check One: Amendment (Explain)	MAR 1 0 2022  BY DEPUTY
1. Candidate Information:	
NAME OF CANDIDATE (Last, First Middle Initial)  DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) EMAIL (optional)
STREET ADDRESS CITY	() $N/A$ $N/A$
OF AGENCY NAME	DISTRICT NUMBER, if applicable. MON-PARTISAN OFFICE
Glann County District Attorney	
OFFICE JURISDICTION	PARTY PREFERENCE: (Check one box, if applicable.)
State (Complete Part 2.)	2022 PRIMARY/GENERAL
☐ City ☐ County ☐ Multi-County: (Name of Multi-County Jurisdiction)	(Year of Election) SPECIAL / RUNOFF
<ul> <li>☐ I do not accept the voluntary expenditure ceiling for the election stated above.</li> <li>☐ I do not accept the voluntary expenditure ceiling for the election stated above.</li> <li>☐ Amendment:</li> <li>☐ I did not exceed the expenditure ceiling in the primary or special election held on: the general or special run-off election.</li> </ul>	and I accept the voluntary expenditure ceiling for
	ggen.
(Mark if applicable)  On, I contributed personal funds in excess of the expenditure ceiling fo	r the election stated above.
3. Verification:	
I certify under penalty of perjury under the laws of the State of California that the fore	going is true and correct.
Executed on	FPPC Form 501 (August/2018)  FPPC Advice: advice@fppc.ca.gov (866/275-3772)  www.fppc.ca.gov