Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

Date Stamp: RECEIVED AUG 11 2022 By _____

CALIFORNIA FORM **501**

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial): Gutierrez, Erika D.

DAYTIME TELEPHONE NUMBER | FAX NUMBER (optional) | EMAIL (optional): [redacted]

STREET ADDRESS: [redacted]

CITY | STATE | ZIP CODE

OFFICE SOUGHT (POSITION TITLE): Board member

AGENCY NAME: Magnolia Union Elementary

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN OFFICE

PARTY PREFERENCE:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City ☒ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

2022 (Year of Election)

(Check one box, if applicable.)

☒ 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 the State of California that the foregoing is true and correct.

Executed on 08/11/2022 (month, day, year)

Signature [redacted] (Candidate)