

Candidate Intention Statement



Check One:  Initial  Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Goff, Elizabeth
DAYTIME TELEPHONE NUMBER [REDACTED]
FAX NUMBER (optional) [REDACTED]
EMAIL (optional) [REDACTED]
STREET ADDRESS School Board Member
CITY Meadows Union Elementary School District
OFFICE SOUGHT (POSITION TITLE)
AGENCY NAME
DISTRICT NUMBER, if applicable.
NON-PARTISAN OFFICE
OFFICE JURISDICTION
State (Complete Part 2.)
City
County (checked)
Multi-County:
PARTY PREFERENCE:
PRIMARY / GENERAL
SPECIAL / RUNOFF
Year of Election: 2021

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 08/06/2021 Signature [REDACTED]