

Candidate Intention Statement

Check One: Initial

Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Ziegenmeyer, Mike

DAYTIME TELEPHONE NUMBER

(530) 682-4201

FAX NUMBER (optional)

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EMAIL (optional)

STREET ADDRESS

Yuba City

CITY

STATE

CA

ZIP CODE

95993

OFFICE SOUGHT (POSITION TITLE)

Supervisor

AGENCY NAME

Sutter County

DISTRICT NUMBER, if applicable

3

NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

State (Complete Part 2.)

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

2022

(Year of Election)

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:

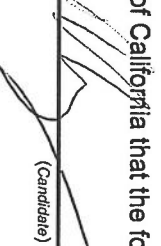
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

05 18 21

(month, day, year)

Signature



(Candidate)

Date Stamp FILED REGISTRAR OF VOTERS MAY 21 2021 DONNA M. JOHNSTON DEPUTY CLERK	CALIFORNIA FORM 501 For Official Use Only
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