

Candidate Intention Statement

Check One: Initial

Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Don Flores

DAYTIME TELEPHONE NUMBER

(530) 682-1900

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

Superior

AGENCY NAME

Sierra County

DISTRICT NUMBER, if applicable

2

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:

(Carpers 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 3, 2021
(Month, day, year)

Signature

[Signature]
(Candidate)

Date Stamp FILED REGISTRAR OF VOTERS AUG 03 2021 DONNA M. JOHNSTON DEPUTY CLERK	CALIFORNIA FORM 501
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