

Candidate Intention Statement

Date Stamp FILE MAR 03 2022	CALIFORNIA FORM 501 For Official Use Only
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Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>DeMartile, Marcy</u>	DAYTIME TELEPHONE NUMBER <u>(530) 370-0657</u>	FAX NUMBER (optional) <u>() () ()</u>	PLUMAS COUNTY <u>[REDACTED]</u>
STREET ADDRESS <u>[REDACTED]</u>	CITY <u>Quincy</u>	STATE <u>CA</u>	ZIP CODE <u>95971</u>
AGENCY NAME <u>County Clerk-Recorder Plumas County</u>		DISTRICT NUMBER, if applicable <u></u>	<input type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 March 3, 2022
(month, day, year)

Signature [REDACTED]