

# Candidate Intention Statement

Date Stamp  
**FILE**  
CALIFORNIA FORM 501  
For Official Use Only  
MAR 03 2022

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

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

DeMartile, Marcy

STREET ADDRESS

\_\_\_\_\_

DAYTIME TELEPHONE NUMBER

(530) 370-0657

CITY

Quincy

FAX NUMBER (optional)

(EX) \_\_\_\_\_

STATE

CA

ZIP CODE

95971

AGENCY NAME

County Clerk-Recorder

Plumas County

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

PARTY PREFERENCE:

(Check one box, if applicable.)

PRIMARY / GENERAL

SPECIAL / RUNOFF

OFFICE JURISDICTION

State (Complete Part 2.)

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

## 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

\_\_\_\_\_