

# Candidate Intention Statement

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

BY \_\_\_\_\_

Date Stamp

FEB 17 2022

PLUMAS CO. CLERK-RECORDER

CALIFORNIA  
FORM

501

For Official Use Only

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Rodriguez, William, John

DAYTIME TELEPHONE NUMBER

(707) 295-0719

FAX NUMBER (optional)

( )

EMAIL (optional)

intdadd@att.net

STREET ADDRESS

CITY

STATE

ZIP CODE

\_\_\_\_\_

CA

95981

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN OFFICE

Plumas County Superintendent of School

PARTY PREFERENCE:

OFFICE JURISDICTION

(Check one box, if applicable.)

☐ State (Complete Part 2.)

☒ PRIMARY / GENERAL

☐ City

☒ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

2022

(Year of Election)

☐ 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 02-10-2022  
(month, day, year)

Signature \_\_\_\_\_  
(Candidate)

Statement of Organization  
Recipient Committee

Statement Type

☒ Initial

☒ Not yet qualified  
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☐ Termination – See Part 5

Date of termination

FILED

Date Stamp

FEB 17 2022

CALIFORNIA  
FORM

410

For Official Use Only

PLUMAS CO. CLERK-RECORDER

BY

DEPUTY

1. Committee Information I.D. Number

(if applicable)

NAME OF COMMITTEE

William John Rodevick

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

La Porte CA 95981

FULL MAILING ADDRESS (IF DIFFERENT)

PO Box 506 Quincy, CA 95971

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

wttdadd@att.net

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Plumas

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

William Rodevick

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

La Porte CA 95981 707-295-0719

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on \_\_\_\_\_ By \_\_\_\_\_

Executed on 2/10/2022 By \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE


SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)

[www.fppc.ca.gov](http://www.fppc.ca.gov)

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable: (Month, Day, Year) <u>June 7, 2022</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	<b>FILED</b> Date Stamp <b>FEB 17 2022</b> PLUMAS CO. CLERK-RECORDER BY 	CALIFORNIA FORM <b>470</b>
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

William Rodevick

STREET ADDRESS



CITY

La Porte

STATE

CA

ZIP CODE

95981

AREA CODE/DAYTIME PHONE NUMBER

(707) 295-0719

OPTIONAL: FAX / E-MAIL ADDRESS

tutdadd@att.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Superintendent of Schools

JURISDICTION (LOCATION)

Plumas County

DISTRICT NUMBER  
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>N/A</u>		
<u>N/A</u>		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on February 10/2022  
DATE

By   
SIGNATURE OF OFFICEHOLDER OR CANDIDATE