

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp

FEB 17 2022

CALIFORNIA
FORM

501

For Official Use Only

PLUMAS CO. CLERK-RECORDER

BY _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Rodenhiser, William, John

DAYTIME TELEPHONE NUMBER

(707) 295-0719

FAX NUMBER (optional)

()

EMAIL (optional)

hutdadd@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:

(Check one box, if applicable.)

PRIMARY / GENERAL

OFFICE JURISDICTION

State (Complete Part 2.)

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)

FPPC Form 501 (August/2018)

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

www.fppc.ca.gov

Statement of Organization
Recipient Committee

Statement Type	<input checked="" type="checkbox"/> Initial <input checked="" type="radio"/> Not yet qualified <input type="radio"/> Date qualification threshold met	<input type="checkbox"/> Amendment <input type="checkbox"/> Termination – See Part 5
		Date qualification threshold met
		Date of termination
		BY [REDACTED]
		DEPUTY

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Date Stamp

CALIFORNIA
FORM

410

For Official Use Only

FEB 17 2022

PLUMAS CO. CLERK-RECORDER

BY

DEPUTY

1. Committee Information		I.D. Number (if applicable)	2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE		NAME OF TREASURER				
William John Rodenick						
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE	
[REDACTED]						
CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		
La Porte	CA	95981				
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)				
PO Box 506 Quincy, CA 95971						
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		NAME OF PRINCIPAL OFFICER(S)				
tuttladd@att.net		William Rodenick				
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE					
Plumas						
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	DATE	By	ER			
Executed on	2/10/2022	By	SIGNATURE OF CONTROLLING OFFICHEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT			
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICHEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT			
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICHEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT			

La Porte CA 95981 707-295-0719

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	DATE	By	ER
Executed on	2/10/2022	By	SIGNATURE OF CONTROLLING OFFICHEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICHEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICHEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

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

www.fppc.ca.gov

Officeholder and Candidate
Campaign Statement –
Short Form

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CALIFORNIA
FORM

470

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FEB 17 2022

PLUMAS CO CLERK RECORDER

BY

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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

William Rodewick

STREET ADDRESS

[REDACTED]

CITY

La Porte

STATE

ZIP CODE

CA 95981

AREA CODE/DAYTIME PHONE NUMBER

(707) 295-0719

OPTIONAL: FAX / E-MAIL ADDRESS

tutdadd@att.net

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

N/A

N/A

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