

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM	501
FIL		
For Official Use Only		
FEB 1 2022		

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <i>Pierson Dwight</i>	DAYTIME TELEPHONE NUMBER <i>(641) 583 0744</i>	FAX NUMBER (optional) <i>BY</i>
STREET ADDRESS [REDACTED]	CITY <i>County</i>	STATE <i>CA</i> ZIP CODE <i>95971</i>
OFFICE SOUGHT (POSITION TITLE) <i>County Superintendent of Schools</i>	AGENCY NAME [REDACTED]	DISTRICT NUMBER, if applicable. <input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION [REDACTED]	PARTY PREFERENCE: (Check one box, if applicable.)	
<input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: [REDACTED] (Name of Multi-County Jurisdiction)	<input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF (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 February 1
(month, day, year)

Sign

