

Candidate Intention Statement

FILED

Date Stamp	CALIFORNIA FORM		
AUG 12 2022		501	
For Official Use Only			
PLUMAS UNIFIED SCHOOL DISTRICT	BY	RECEIVED	TY

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Edlund, Leslie

STREET ADDRESS

[REDACTED]

DAYTIME TELEPHONE NUMBER

(530) 283-7620

FAX NUMBER (optional)

() N/A

EMAIL (optional)

CITY

Quincy

STATE

CA

ZIP CODE

95971

AGENCY NAME

Plumas Unified School District

DISTRICT NUMBER, if applicable

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NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2)

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

PRIMARY / GENERAL

SPECIAL / RUNOFF

2022

(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

8/12/22
(month, day, year)

Signature

[REDACTED]