

# Candidate Intention Statement

Date Stamp	<b>FILED</b>	<b>CALIFORNIA FORM 501</b>
	AUG 12 2022	For Official Use Only
PLUMAS COUNTY		

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

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Edlund, Leslie	(530) 283-7620	N/A	
STREET ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	Quincy	CA	95971
AGENCY NAME	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
Trustee Plumas Unified School District	5	PARTY PREFERENCE:	
(Check one box, if applicable.)			
OFFICE JURISDICTION		<input checked="" type="checkbox"/> PRIMARY / GENERAL	
<input type="checkbox"/> State (Complete Part 2.)		<input type="checkbox"/> SPECIAL / RUNOFF	
<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		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]