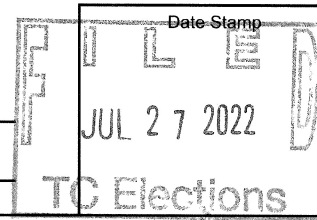


Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____



CALIFORNIA FORM 501
For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Andersen, Krista M	[REDACTED]	()	
STREET ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	Vina	CA	96092
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	☒ NON-PARTISAN OFFICE
Los Molinos Unified School Board		Vina	
OFFICE JURISDICTION	PARTY PREFERENCE:		
☐ State (Complete Part 2.)	(Check one box, if applicable.)		
☐ City ☒ County ☐ Multi-County: _____	☒ PRIMARY / GENERAL		
(Name of Multi-County Jurisdiction)	☐ 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

July 27, 2022
(month, day, year)

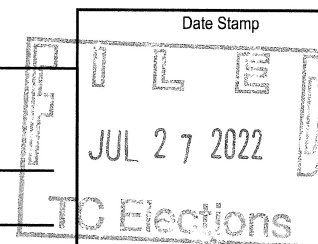
Signature

[REDACTED]

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)
11/8/22

☐ Amendment (Explain Below)



CALIFORNIA
FORM

470

For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Krista Andersen

STREET ADDRESS

[REDACTED]

CITY

Vina

STATE

CA

ZIP CODE

96092

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

NA

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Los Molinos Unified School Board

JURISDICTION (LOCATION)

Vina

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

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

[REDACTED]

DATE

7/27/22

By

[REDACTED]