Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

FILED
Date Stamp
JUL 27 2022
TC Elections

CALIFORNIA FORM **501**

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial): Andersen, Krista M

DAYTIME TELEPHONE NUMBER: [redacted]

FAX NUMBER (optional): ( )

EMAIL (optional):

STREET ADDRESS: [redacted]

CITY: Vina

STATE: CA

ZIP CODE: 96092

OFFICE SOUGHT (POSITION TITLE): Los Molinos Unified School Board

AGENCY NAME:

DISTRICT NUMBER, if applicable: Vina

☒ NON-PARTISAN OFFICE

PARTY PREFERENCE:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City ☒ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

2022 (Year of Election)

(Check one box, if applicable.)

☒ PRIMARY / GENERAL

☐ 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 July 27, 2022 (month, day, year)

Signat[redacted]

Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
11/8/22		FILED JUL 27 2022 TC Elections	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: N/A

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] 7/27/22
DATE

By [redacted]