

# Candidate Intention Statement

Check One: ☒ Initial

☐ Amendment (Explain) \_\_\_\_\_

|   |   |
|---|---|
| Date Stamp<br>AUG 05 2022<br>TC Elections | CALIFORNIA<br>FORM<br><b>501</b><br>For Official Use Only |
|---|---|

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Crystal Collette Carter DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) ( ) EMAIL (optional)

STREET ADDRESS [REDACTED] CITY Corning STATE CA ZIP CODE 96021

OFFICE SOUGHT (POSITION/TITLE) Corning High School Board AGENCY NAME Corning DISTRICT NUMBER, if applicable Corning ☐ NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

☐ State (Complete Part 2.) ☒ City ☐ County ☐ Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction)

PARTY PREFERENCE: (Check one box, if applicable.)

☒ PRIMARY / GENERAL ☐ SPECIAL / RUNOFF

Year of Election: 2022

## 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 8-5-22  
(month, day, year)

Signature [REDACTED]

Officeholder and Candidate  
Campaign Statement –  
Short Form

|   |  |   |  |
|---|--|---|--|
| Date of election if applicable:<br>(Month, Day, Year)<br><u>11-8-22</u> | <input type="checkbox"/> Amendment (Explain Below)<br>_____<br>_____ | Date Stamp<br>AUG 05 2022<br>TC Elections | CALIFORNIA<br>FORM <b>470</b><br>For Official Use Only |
|---|--|---|--|

1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

|  |       |                                |  |
|--|-------|--------------------------------|--|
| NAME OF OFFICEHOLDER OR CANDIDATE<br><u>Crystal Carter</u> |       |                                |  |
| STREET ADDRESS<br>[REDACTED]                               |       | ZIP CODE<br><u>96021</u>       |  |
| CITY<br>[REDACTED]   | STATE | OPTIONAL: FAX / E-MAIL ADDRESS |  |

3. Office Sought or Held

|  |                                    |
|--|------------------------------------|
| OFFICE SOUGHT OR HELD<br><u>Corning HS Board</u> |                                    |
| JURISDICTION (LOCATION)<br><u>Corning</u>        | DISTRICT NUMBER<br>(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 on 8-5-22  
DATE

By [REDACTED]  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE