

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

Date Stamp JUL 21 2022 TO Elections	CALIFORNIA FORM 501 For Official Use Only
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1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Cara Sisoneros</u>	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ()	EMAIL (optional)
STREET ADDRESS [REDACTED]	CITY <u>Georgetown</u>	STATE <u>CA</u>	ZIP CODE <u>91035</u>
COUNTY (if different from state) <u>Alameda</u>	AGENCY NAME	DISTRICT NUMBER, if applicable	NON-PARTISAN OFFICE <input type="checkbox"/>
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 7-21-2022
(month, day, year)

Signature [REDACTED]
(Candidate)

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) <u>Nov 8, 2022</u>	<input type="checkbox"/> Amendment (Explain Below) 	Date Stamp JUL 21 2022 TC Elections	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 2022.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Cara Sisneros

STREET ADDRESS
[REDACTED]

STATE CA ZIP CODE 94035

AREA CODE/DAY TIME PHONE NUMBER [REDACTED] OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
GUEST Board

JURISDICTION (LOCATION)
Gerber

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 on 7-21-2022
DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE