

# Candidate Intention Statement

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

Date Stamp JUL 28 2022 TC Elections	CALIFORNIA FORM 501 For Official Use Only
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## 1. Candidate Information:

NAME OF CANDIDATE, (Last, First Middle Initial) MERCER VIRGINIA L. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) ( ) EMAIL (optional) GINNVMERCE@ADL.COM  
STREET ADDRESS [REDACTED] COTTONWOOD CA 96022 STATE ZIP CODE  
OFFICE SOUGHT (POSITION TITLE) DIRECTOR RIO ALTO WATER DISTRICT AGENCY NAME COTTONWOOD CA DISTRICT NUMBER, if applicable 96022 ☒ NON-PARTISAN OFFICE  
OFFICE JURISDICTION [REDACTED] PARTY PREFERENCE:  
☐ State (Complete Part 2.) ☒ County ☐ Multi-County: N/A (Name of Multi-County Jurisdiction) 2022 (Year of Election) ☒ 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 7/18/22 and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On, 7/18/22 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

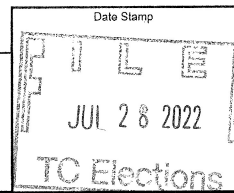
7/18/22  
(month, day, year)

Signature [REDACTED]

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable:  
(Month, Day, Year)  
NOV 8, 2022

☐ Amendment (Explain Below)



CALIFORNIA  
FORM 470

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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

VIRGINIA L. MERCER

STREET ADDRESS

[REDACTED]

STATE

ZIP CODE

COTTONWOOD CA 96022

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

GINNY.MERCER@ADL.COM

3. Office Sought or Held

OFFICE SOUGHT OR HELD

DIRECTOR

JURISDICTION (LOCATION)

RIO ALTO WATER DISTRICT

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
<u>N/A</u>		
<u>N/A</u>		

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

July 18<sup>th</sup> 2022

DATE

By

[REDACTED]

DATE