

Candidate Intention Statement

FILED CALIFORNIA FORM 501
Date Stamp JAN 13 2022
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PLUMAS CO. CLERK-RECORDER
BY [REDACTED]

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Hollister, David, D.

DAYTIME TELEPHONE NUMBER

(530) 394-7615

FAX NUMBER (optional)

STREET ADDRESS

PO Box 1602

CITY

Gracagle

STATE

CA

ZIP CODE

96103

OFFICE SOUGHT (POSITION TITLE)

District Attorney

AGENCY NAME

District Attorney's Office

DISTRICT NUMBER, if applicable

NON-PARTISAN OFFICE

PARTY PREFERENCE: NPP

(Check one box, if applicable.)

OFFICE JURISDICTION

State (Complete Part 2.)

City County

Multi-County: _____

(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 ____/____/____ 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 information contained in this statement is true and correct.

Executed on

01/13/2022

(month, day, year)

Signature