

Candidate Intention Statement

Date Stamp FIL JAN 13 2022 PLUMAS CO. CLERK-RECORDER	CALIFORNIA FORM 501 For Official Use Only
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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
OFFICE SOUGHT (POSITION TITLE) District Attorney	AGENCY NAME District Attorney's Office	DISTRICT NUMBER, if applicable, <input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: NPP
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)	(Check one box, if applicable.) 2022 <input checked="" type="checkbox"/> PRIMARY / GENERAL (Year of Election) <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 **01/13/2022**
(month, day, year)

Signature _____