

Candidate Intention Statement



CALIFORNIA FORM 501 For Official Use Only

Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)
Horne, Janelle K (530)333-5093 JanelleHorne2018@gmail.com

OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. [X] NON-PARTISAN OFFICE
Recorder-Clerk El Dorado County
OFFICE JURISDICTION (Check one box, if applicable.)
[] State (Complete Part 2.) [X] PRIMARY / GENERAL
[] City [X] County [] Multi-County: (Name of Multi-County Jurisdiction) 2022 (Year of Election) [] 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 provided is true and correct.

Executed on 11/16/2021 (month, day, year)