

Candidate Intention Statement



Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)
L A I N E , B R O O K E A . (5 3 0) 3 1 8 - 9 1 0 7 () L A I N E F O T O @ G M A I L . C O M
STREET ADDRESS CITY STATE ZIP CODE

OFFICE JURISDICTION DISTRICT NUMBER, if applicable: NON-PARTISAN OFFICE

C O U N T Y S U P E R V I S O R E L D O R A D O C O U N T Y 5 PARTY PREFERENCE: D E M O C R A T
OFFICE JURISDICTION (Check one box, if applicable.)
 State (Complete Part 2.) PRIMARY / GENERAL
 City 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 foregoing is true and correct.

Executed on 12/4/2021 (month, day, year) Signature _____