

# Candidate Intention Statement

Date Stamp <b>FILED</b> SENDA PEREZ, COUNTY CLERK FEB 14 2022 BY [Redacted] DEPUTY	<b>CALIFORNIA FORM 501</b> For Official Use Only
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Check One:  Initial  Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>Mouie Rossman</u>	DAYTIME TELEPHONE NUMBER <u>(530) 624-2462</u>	FAX NUMBER (optional) <u>( )</u>	EMAIL (optional) <u>rossman35@icloud.com</u>
STREET ADDRESS [Redacted]	CITY <u>Orland</u>	STATE <u>Ca</u>	ZIP CODE <u>95963</u>
OFFICE Sought (POSITION TITLE) <u>Supervisor, District 2</u>	AGENCY NAME <u>Glenn County</u>	DISTRICT NUMBER, if applicable. <u>2</u>	<input type="checkbox"/> NON-PARTISAN OFFICE
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)	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF		<u>2022</u> (Year of Election)

## 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 \_\_\_\_\_ that the foregoing is true and correct.

Executed on 2/14/22 [Redacted Signature] \_\_\_\_\_  
(month, day, year)