

Candidate Intention Statement



CALIFORNIA FORM 501 For Official Use Only

Check One: [X] Initial [ ] Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Edward F. Manansala DAYTIME TELEPHONE NUMBER (530) 295-2229 FAX NUMBER (optional) ( ) NA EMAIL (optional) STREET ADDRESS CITY STATE ZIP CODE

OFFICE SOUGHT (POSITION TITLE) County Superintendent of Schools AGENCY NAME El Dorado County DISTRICT NUMBER, if applicable. NA NON-PARTISAN OFFICE OFFICE JURISDICTION [ ] State [ ] City [X] County [ ] Multi-County: El Dorado County PARTY PREFERENCE: [X] 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 foregoing is true and correct.

Executed on 12/09/2021 Signature [Redacted]