

Candidate Intention Statement



CALIFORNIA FORM 501
For Official Use Only

Check One: Initial Amendment (Explain) _____
Updating ID #1400295 for reelection in 2022

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Parlin, Lori	DAYTIME TELEPHONE NUMBER (530) 391-8369	FAX NUMBER (optional) ()	EMAIL (optional) lori@voteparlin.com
STREET ADDRESS [REDACTED]			
CITY [REDACTED]			
STATE [REDACTED]			
ZIP CODE [REDACTED]			
OFFICE SOUGHT (POSITION TITLE) District IV Supervisor	AGENCY NAME County of El Dorado	DISTRICT NUMBER, if applicable 4	<input checked="" 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
			2022 (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 the State of California that the information provided is true and correct.

Executed on 5-3-21
(month, day, year)

Signature _____
[REDACTED]