Candidate Intention Statement

Filed

Date Stamp

DEC 08 2023

Tuolumne County Clerk

By _____ Deputy

CALIFORNIA FORM **501**

For Official Use Only

Check One: ☐ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial): Carsner, Tanya M

DAYTIME TELEPHONE NUMBER: [redacted]

FAX NUMBER (optional): ( )

EMAIL (optional):

STREET ADDRESS: [redacted]

CITY: Sonora,

STATE: Calif.

ZIP CODE: 95370

OFFICE SOUGHT (POSITION TITLE) / AGENCY NAME: Board of Supervisor, Tuolumne County

DISTRICT NUMBER, if applicable: 1

☐ NON-PARTISAN OFFICE

PARTY PREFERENCE:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (Year of Election)

(Check one box, if applicable.)

☐ 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.

N/A

(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 law[redacted].

Executed on 12/8/2023 *(month, day, year)*