

Candidate Intention Statement

RECEIVED AUG 17 2022 CITY CLERK CITY OF PIEDMONT	CALIFORNIA FORM 501
	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Hooi, Shirley	DAYTIME TELEPHONE NUMBER () ()	FAX NUMBER (optional) () ()	EMAIL (optional)
STREET ADDRESS [REDACTED]	CITY Piedmont	STATE CA	ZIP CODE 94611
OFFICE SOUGHT (POSITION TITLE) Board of Education	AGENCY NAME Piedmont Unified School Distrit	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		2022 (Year of Election)	(Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> 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 08/17/2022 Signature [REDACTED]
(month, day, year) (Candidate)